Univ. of
Toronto
Library

TORONTO LIBRARY

THE CANADIAN JOURNAL OF MEDICINE AND SURGERY

A JOURNAL PUBLISHED MONTHLY IN THE INTEREST OF MEDICINE AND SURGERY

J. J. CASSIDY, M.D., EDITOR.

VOL. XXVIII

JULY TO DECEMBER, 1910

112703
29/5/

BUSINESS MANAGER
W. A. YOUNG, M.D., L.R.C.P. (LOND.),
145 COLLEGE ST., TORONTO, CAN.
1910

July

ORIGINAL CONTRIBUTIONS.

Medical Journalism—What is it, and What Should be its Aims? By W. A. Young, M.D., Toronto 1
Cerebral Hemorrhage. By John V. Shoemaker 10

SOCIETY PROCEEDINGS.

The Canadian Medical Association. 15

EDITORIALS.

The Preventive Use of Antitetanic Serum 31
The Use of the Electro-Cautery in Cases of Inoperable Uterine Cancer 32
An Unnecessary Expense of the College of Physicians and Surgeons of Ontario 35
Forty-third Meeting of the Canadian Medical Association 36
Who Got the Money, and How Did They Get it? 38
The 1910 Meeting of the American Medical Editors' Association .. 43
"The Montreal Medical Journal" Becomes "The Journal of the Canadian Medical Association." .. 45
The American Medical Association. 46
Editorial Notes 49
Personals 54

CORRESPONDENCE.

Letter to Dean, Medical Faculty, University of Toronto 55
Reply from Dean, Dr. Clarke 55
Dr. James MacCallum's Reply 56
Letter from Dr. J. S. Hart 57

OBITUARY.

The Late Dr. Secord, of Kincardine 60
The Death of Prof. Koch 61

NEWS OF THE MONTH.

A Great Victory for the M. J. Breitenbach Co., Manufacturers of Gudes Pepto-Mangan 63
Dr. Donald Armour's Success 63

THE PHYSICIAN'S LIBRARY.

Examination of the Function of the Intestines by means of the Test Diet. By Prof. Dr. Adolf Schmidt Halle, A.S. 65
White Magic. By David Graham Phillips 65
Esquisses Cliniques de Physicotherapie. le Docteur J. A. Riviere 66
Cancer of the Womb. By Frederick John McCann, M.D. 67
Student's Handbook of Operative Surgery. By William Ireland De C. Wheeler, B.A., M.D. 68
Anatomy and Physiology for Nurses. By LeRoy Lewis, M.D. 68

R
11
C38
v.28

August

ORIGINAL CONTRIBUTIONS.

Opening of the Antrum and the Radical Mastoid Operation Under Local Anesthesia. By Newbold Jones, M.A., M.D. 69
The External and Internal Secretion of the Healthy and Diseased Organism in the Light of Vital Staining. By E. Goldmann, M.D. 73
Deaths from Heart Disease. By William Francis Waugh, A.M., M.D. 78
School Hygiene 80

SOCIETY PROCEEDINGS.

The Meeting of the Ontario Medical Council 81

EDITORIALS.

Is Tetanus Caused by the Motor Car? 86
The Medical Schools of Canada .. 88
"Graft"? 93
Editorial Notes 110

CORRESPONDENCE.

The Status of Medical Men Under the New Insurance Bill 116

NEWS OF THE MONTH.

The Canada Medical Act 121
Carbon Dioxide Snow in Dermatology 122
The Henry Phipps Institute for the Study, Prevention and Treatment of Tuberculosis 123
The Importance of Pediatrics and the Position of Surgical Pediatrics in the College Curriculum 124
Canadian Surgeon Honored 125
Controlled Newspapers 125
D. D. D. Lawn Tournament Next Month 126

THE PHYSICIAN'S LIBRARY.

Diseases of the Ear. By Hunter Todd, M.A., M.B., B.C. 127
Text Book of Nervous Diseases and Psychiatry. By Chas. L. Dana. 127
The Optic Nerve and the Accessory Sinuses of the Nose. By Prof. A. Onodi, University Buda Pest 128
International Clinics. Edited by W. T. Longcope, M.D. 129
Diseases of the Stomach and Intestines. By Robt. Coleman Kemp, M.D. 130
Clinical Obstetrics. By Robt. Jardine, M.D. 131
Refraction and How to Refract. By James Thorington, A.M., M.D. 132
The Nutrition of the Infant. By Ralph Vincent, M.D. 132
Clinical Treatises on the Pathology and Therapy of Disorders of Metabolism and Nutrition. By Prof. Dr. Carl Von Noorden .. 133
Medical Education in the United States and Canada. By Abraham Flexuer 134

September

ORIGINAL CONTRIBUTIONS.

Presidential Address on the Evolution of the British Medical Association and its Work. By Henry T. Butlin, D.C.L., LL.D. 137

SOCIETY PROCEEDINGS.

The British Medical Association: The Address in Medicine 158
The British Medical Association: The Address in Surgery 161
The British Medical Association—Seventy-eighth Annual Meeting in London 164
Twelfth Annual Conference of the American Hospital Association. 169

EDITORIALS.

Is Queen's University Medical Department of Doubtful Utility? 172
The Toronto Isolation Hospital ... 173
Are Twenty Remedies Sufficient? .. 176
Editorial Notes 179

NEWS OF THE MONTH.

The Canadian Medical Exchange .. 184
American Public Health Association to Meet in Milwaukee ... 184
Dr. J. W. S. McCullough Succeeds Dr. Hodgetts 184

THE PHYSICIAN'S LIBRARY.

Serum Therapy and Bacterio Therapeutic Preparations 187
The Religio-Medical Masquerade. By Frederick W. Peabody 187
International Clinics. By leading members of the Medical Profession throughout the world.. 188
International Clinics. Edited by Henry W. Cattell, M.A., M.D. . 189
American Practice of Surgery 190
Prescription Writing and Formulary. By John M. Swan, M.D. . 191
The Diseases of Children. By James Frederic Goodhart, M.D., LL.D. 192
The Principles of Gynecology. By W. Blair Bell, B.S., M.D. 192
The Practical Medicine Series 193
Essentials of Laboratory Diagnosis. By Francis A. Taught, M.D. .. 194
Hookworm Disease. By Geo. Dock, A.M., M.D. 194
Inanition and Fattening Cures. By Carl Von Noordin 195
The Practical Medical Series 195
Refraction and Motility of the Eye. By Ellice M. Alger, M.D. 196
Diseases of the Heart and Aorta. By Arthur Douglas Hirschfelder, M.D. 196
Operative Surgery. By John J. McGrath, M.D. 197
Roentgen Rays and Electro-Therapeutics. By Mihran Krikor Kassabian, M.D. 198
Elements of Pharmacy, Materia Medica and Therapeutics. By Sir Wm. Whitla, M.A., M.D. .. 199
Atlas of Pathological Anatomy ... 199
Modern Problems in Psychiatry. By Ernesto Lugaro 200

October

ORIGINAL CONTRIBUTIONS.

Some Preventible Deformities; The Surgeon's Responsibility for Them. By B. E. McKenzie, B.A., M.D., Toronto 205
Some Notes on the Functional Neuroses. By Campbell Meyers, M.D. 214
The Relation of the Nose and Accessory Sinuses in Disease to the Eye. By L. L. Palmer, M.D., Toronto 220
Detachment of the Retina in a Case of Albuminuric Retinitis of Pregnancy. By Colin Campbell, M.D., M.R.C.S. (Eng.). 224
Vegetating Lesions of the Skin Resulting from Infection. By D. King Smith, M.B. 227
The Medical Council. By John Hunter, M.B., Toronto 230
Abstracts 233

EDITORIALS.

Necessity of Making a Careful Prognosis in Cases of Mentally Deficient Children 235
Cholera in Europe 237
"Good Cheer" 240
"O You Little Scouts" 241
Why Isn't he Muzzled? 243
A Good Joke 244
Editorial Notes 245

NEWS OF THE MONTH.

A Medical Society—A Clearing House 251
The Watchful Eye, the Alert Ear, the Tactful Finger 251
Dominion Registration 251
Dr. Isaac Wood is Dead 251
Florence Nightingale 252

CORRESPONDENCE.

Deaths from Heart Disease 255

THE PHYSICIAN'S LIBRARY.

Some New Lippincott Books 259
The American Journal of Physiologic Therapeutics 259
Lippincott's New Medical Discovery. By Henry W. Cattell, A.M. 260
The Harvey Lectures, 1908-09 261
An International System of Ophthalmic Practice. By Walter L. Pyle, A.M., M.D. 261
Nursing in Diseases of the Eye, Ear, Nose and Throat 262
Mentally Deficient Children: Their Treatment and Training. By G. E. Shuttleworth, B.A., M.D. 262
Moynihan's Duodenal Ulcer. By B. G. A. Moynihan, M.S. 263
Otitic Cerebellar Abscess. By Heinrick Neumann 263
An Index of Symptoms, with Diagnostic Methods. By Ralph Winnington Leftwich, M.D. 263
The Diseases of the Nose, Mouth, Pharynx and Larynx. By Dr. Alfred Bruck 264
Pulmonary Tuberculosis and its Complication. By Sherman G. Bonney, M.D. 265
Rhinology. By Patrick Watson Williams, M.D. 265
Commission of Conservation, Canada 267
Insanity in Everyday Practice. By E. C. Younger, M.D. 267
Genesis. By B. S. Talmey, M.D. .. 268
Medical Men in the Time of Christ. By Robert Willson, M.D. 269
A Text-Book of Pathology. By Joseph McFarland, M.D. 269

November

ORIGINAL CONTRIBUTIONS.

Academy of Medicine, Toronto.—President's Address. By Albert A. Macdonald, M.D. 271
Opening Address, Section of Medicine, Academy of Medicine, Toronto, October 11th, 1910. By John Ferguson, M.A., M.D. Chairman of the Section of Medicine 275
The Late Florence Nightingale... 280

EDITORIALS.

The High Cost of Living Calls for a Rise in the Doctor's Fees.. 287
Sedimentation Purifies the Water in the Toronto Waterworks Reservoir 289
Medicine and Religious Healing... 291
Medical Council Elections..... 293
Shall the Medical Inspectors of Toronto's Public Schools Take Orders From School Nurses?. 294
The New Toronto General Hospital. 300
Toronto's New Medical Health Officer 302
Editorial Notes 305
Personals 313

NEWS OF THE MONTH.

Dominion Public Health Conference 315
Transfers of Asylum Medical Officers 317

THE PHYSICIAN'S LIBRARY.

The Elements of the Science of Nutrition. By Graham Lusk, Ph. D., S.C.D., F.R.S., Edin. 320
Hand-Book of Electro-Therapeutics. By William James Dugan, M.D. 320
The Kingdom of Slender Swords. By Hallie Erminie Rives 321
Vaccine Therapy and the Opsonic Method of Treatment. By R. W. Allen 321
Pye's Elementary Bandaging and Surgical Dressing 322
Personal Hygiene. By Walter Pyle, A.M., M.D. 322
Surgical After-Treatment: A Manual of the Conduct of Surgical Convalescence 323
The Mac's of '37: A Story of the Canadian Rebellion. By Price-Brown 323
International Language and Science 324
Bier's Text-Book of Hyperemia. By Prof. Dr. August Bier, Berlin. 324
A Manual of Toxicology 325
Common Disorders and Diseases of Childhood. By George Frederic Still, M.A., M.D. 326
Nephrocolo-Ptosis. By H. W. Longyear, M.D. 326
A Text-Book of Medicine. By G. Dieulafoy 327
The Practical Medicine Series 328
The After-Treatment of Operations. By P. Lockhart Mummory ... 329
The Sexual Life of Woman. By E. Heinrich Kisch, M.D. 329
An Epitome of Diagnosis and Treatment of Nervous Diseases, including Bromide Therapy. By Henry Irving Berger, M.D. ... 330
Medical Electricity and Roentgen Rays. By Sinclair Tousey, A. M., M.D. 330
The Essentials of Materia Medica and Therapeutics for Nurses. By John Foote, M.D. 331
The Pathology of the Living and Other Essays. By B. G. A. Moynihan, M.S. 332
An Introduction to the Study of Hypnotism, Experimental and Therapeutic. By H. E. Wingfield, M.A., M.D., B.C. 333
A Laboratory Text-Book of Embryology. By Charles Sedgwick Wimot, LL.D. 333
Diseases of the Eye. By G. E. De-Schweinitz, A.M., M.D. 334
John Sanderson the First. By Camilla Sanderson 335
Diseases of Infancy and Childhood: Their Dietic, Hygienic and Medical Treatment. By Louis Fischer, M.D. 335

December

ORIGINAL CONTRIBUTIONS.

The Medical Man as a Witness. By the Honorable Mr. Justice William Renwick Riddell 337
The Use of Carbon Dioxide Snow in Superficial Lesions. By Dr. Harvey J. Todd 362

EDITORIALS.

Typhoid Fever From Milk and Other Foods 365
Operative Treatment of Simple Fractures 367
Pollution of Water Supplies in Canada and the United States 369
Medical Expert Evidence 372
Editorial Notes 377
Personals 385

NEWS OF THE MONTH.

Ontario Medical Council 386
John D. Rockefeller's Latest Gift of Nearly Four Millions to Medical Research 387
Accident to an Orillia Physician ... 387
The Jackson Health Resort 388
The Academy of Medicine 389
A Desirable Suite of Apartments .. 389
The Toronto Hospital for Incurables 389

SELECTED ARTICLES.

The Uses of Perhydrol. By Staff-Surgeon Major Seitz, M.D., Ph.D., Munich 390
Plates and Filters for Workers in Scientific Photography 392

OBITUARY.

Death of Dr. Luton, St. Thomas .. 394
Wm. Canniff, M.D., M.R.C.S., Eng. 395

The Canadian Journal of Medicine and Surgery

A Journal published monthly in the interests of Medicine and Surgery

Vol. XXVIII TORONTO, JULY, 1910 No. 1

Original Contributions

MEDICAL JOURNALISM—WHAT IS IT AND WHAT SHOULD BE ITS AIMS?*

BY W. A. YOUNG, M.D., TORONTO, L.R.C.P. (LOND.), ENG.

Gentlemen of the American Medical Editors' Association:

My first word of greeting to you to-day is a simple "Thank you" for the gracious compliment you have paid to Canadian medical journalism, and the honor you have done to myself in asking me to preside at the forty-first annual meeting of the American Medical Editors' Association. I am charmed to come to St. Louis, delighted to be with you again as an Association, and sincerely hope that, in the capacity of President, I may be of some service to you.

I feel that every member present is enthusiastic in trying to make this year's meeting of our Association a success, and so, encouraged by the bright faces before me, I answer your kindly greeting with a gratitude, as one has said, "That can perish only when the gathering shadows shall have settled into the night that comes to purple the better morn."

We are here to exchange ideas on (in its broadest sense) Medical Journalism, and to promote that spirit of camaraderie out of which true harmony on all essential points is born. There is so much inspiration in community of spirit; not in any sense the mistaken view of harmony, like a blind game of "follow

*Presidential Address, delivered at the American Medical Editors' Association, St. Louis, Mo., June 4th and 6th, 1910.

the leader," such as children play, but rather a base of ideas and a conception of ideals, up to which the Medical Journalism of America must respond as a unit, in order to command the respect of the medical profession at large, and take its place as the journalism of the library table rather than as the overflow of the waste-paper basket.

First, let us ask, what business, art or craft do we aim to carry on? We answer, truly, in its broad sense, Journalism; in its concrete form, Scientific Medical Journalism. Let us for a while look at the larger term first. Let us accept the compliment the little gods give us, no less than the invincible Oxford Dictionary defines literature as "The most seductive, the most deceiving and the most dangerous of all professions." Of course, we have all learned that "Journalism is literature in a hurry."

Lord Macaulay once remarked that, "The only true history of a country is to be found in its newspapers. The press has before it one of the most glorious missions in which human agencies were ever employed. Its mission is to enlighten, to civilize, and to morally transform the world."

Colonel Alexander Kelly McClure, in speaking of his early editorial efforts, says: "There was pardonable boyish pride in seeing my name given with studied prominence as Editor and Proprietor, and the reading of my own editorials was as soothing as the soft, sweet strains of music on distant waters in summer evening time. They were to my mind most exquisite in diction and logic, and it was a source of keen regret that they were so 'cabined, cribbed and confined' within the narrowest provincial lines, whereby the world lost so much that it greatly needed. Then to me life was a song, with my generously self-admired newspaper as the chorus. There came rude awakenings, of course, from those blissful dreams, as the shock of editorial conflict gradually taught me that journalism was one unending lesson, in a school that has no vacations."

Journalism, in this day of universities and flying machines, must indeed have a wide viewpoint embodying forsooth "the idealism of a Plato, the realism of an Aristotle, the scepticism of the Epicureans and the materialism of the Stoics."

Last summer it was my privilege to be in old London during part of the great Press Conference. Every day I scanned eagerly the newspaper reports of the proceedings, which, by the way,

were remarkable for wisdom and solid matter, but rather devoid of flashes of wit. They only came (like the gleams of sunshine) at long intervals, those June days, and with hesitation. Lord Morley, who once edited the *Pall Mall Gazette,* was present at the Conference. One of his sentences seems unique. He said, "Literature occupies rather the position of a judge, while journalism has to be more or less of an advocate."

From what was many years ago regarded, and with some reason, as the license of the press, has grown up the well-defined duty of reputable journalism to maintain with dignity and firmness its mission as public censor, and to-day American journalism is not only the great educator of the people, but it is the faithful handmaid of law and order and of public and private morals. Like all great callings, from which even the sacredness of the pulpit is not exempt, there are those who bring persistent dishonor upon journalism, and pervert its powers to ambition and greed; but discounted by all its imperfections, it is to-day the greatest of our great factors in maintaining the best attributes of our civilization and preserving social order and the majesty of law; and the duties of the journalist to-day have reached a standard of dignity and magnitude, of which even the wildest enthusiast of fifty years ago would not have dreamed.

As a writer says: "The grave responsibility of journalism may be appreciated when it is remembered that the journal of to-day is the greatest educator of the people who are to maintain our free institutions. Widely as our schools have extended, until they are accessible to the humblest of the land, the newspaper and magazine, as educators, reach vastly more people than all the colleges and schools of the nation."

At the London Conference, to which I have just referred, Tay Pay O'Connor (bless his impetuous Irish pen!) said: "Journalism is not precluded from being literature; the work done under the inspiration and fire of the moment sometimes has in it qualities far greater than those in the polished prose of the man of letters." We all know that. Lord Milner referred with pride to his early connection with journalism, and paid tribute to the value of the training in giving "perception to the actuality of things."

Journalism to-day is surely its own inspiration to better

efforts in its wide field and scope; from newspaperdom (in whose realm Charles A. Dana, when once asked what was the first essential in a newspaper editor, said, laughing: "Raise Cain and sell papers") up through the sphere of the eclectic magazines and monthlies, who stand

> "For the truth that lacks assistance,
> For the wrong that needs resistance,
> For the future in the distance,
> And the good that they can do."

Let us pass from contemplation in the realm of our great exemplar and guide, journalism, in its greatest sense, to our own smaller domain of Scientific Medical Journalism, upborne on the wings of the beauty of thought, transcribed to the music of words by that king of actors, Sir Henry Irving, in his address before an assemblage of journalists and publishers. He said: "You are in touch with the elemental forces of nature, war, pestilence and famine; you are transported by this printed sheet, as it were the fairy carpet of the Arabian, from capital to capital, from the exultation of one people to the bitter resentment and chagrin of another. You behold on every side every quality of humanity, everything that piques the sense of mystery, everything that inspires pity, dread or anger. It is a vast and ever-changing panorama of the raw material of art and literature.

"I suppose there is no profession which makes such heavy calls upon the bodily and mental vigor of its servants as the profession of the journalist. Whoever nods, he must be always fresh and alert. Whoever is content with the ideas of yesterday, the journalist must be equipped with the ideas of to-morrow."

Sir Henry Irving continued: "I have heard it said that in diplomacy the press is sometimes indiscreetly ahead of events; but you must remember that nothing is so characteristic of the modern spirit as the art of publishing things before they happen. Nowadays all the world is on tiptoe, and the soul of journalism must be prophetic, because it has to do for a curious and wide-eyed public what was done for a much simpler generation by the alchemists and astrologer."

Now, let us stop swinging in the high treetops that almost reach the sky, and contemplate the little nest of our own making,

as it nestles down in the sheltering boughs. Of what service should the Medical Journal be to the physician? The busy city doctor, who has the large hospitals, the fine libraries and the clubs (scientific and social) to instruct and inspire him, needs a Medical Journal, the original articles and editorials contained in which he can peruse at his leisure, in addition to glancing over any recent medical appointments that may have been made, personal items, etc. He also stands in need of a medium in which oftentimes to give of his best thought to others. The country doctor needs a Medical Journal to keep him in touch with what is doing in the various medical and surgical hospitals of the large cities, and peruse the book reviews published to help him to choose the newest and best authorities, where books are scarce and economy a necessity. Original communications, as they appear in the different journals, are a privilege to the country physician, as he is not in a position to attend the meetings in the cities of Medical Academies, Societies, etc. Even the advertisements in an up-to-date and well-edited Medical Journal make interesting reading for the country practitioner, as he cannot drop in at will to the medical supply houses found in large centres. Are our journals fulfilling their sphere by emulating the example of style and finish set before them by the eclectic journals of to-day? Editorially and commercially, are they trying to raise the standard of expression, even though journalism is only "literature in a hurry?"

If there is one class of men from whom most is expected, men who are looked to for information as one would turn up the pages of the latest encyclopedia, it is the publisher of a Medical Journal. He is supposed to have at his finger tips at all times and seasons information on all subjects, from the latest developments in medical politics to the most recent treatment of "sleeping sickness." The publication of a Medical Journal that expects to cater to the vagaries of a large number of readers needs constant and arduous work.

Often the work brings ample reward, for medical journalism gives the position and fashions the fame of many a physician.

In medical journalism, to make a success of it, one must start at the bottom. Never was it known that anyone made a success of a business or a trade without having conquered it in its initial stages.

Consequently, the medical editors should make a study of newspaper and journalistic work. Horace Greeley once said that the best newspaper man was "the boy who had slept on papers and ate ink." Again, the medical editor should be a physician who stands high in the esteem of his confreres in the practice of medicine, and not a doctor driven to starvation or compelled to live on his wits.

Before passing from the criticism of the scientific editorial department, I would respectfully suggest that all collaborators be urged to simplicity of style. Surely, we can all strive after the two moderate virtues of simplicity and directness. Affectation is the most detestable of qualities in character and manners, and I think it is odious, too, in journalism. In this connection a story comes to mind:

Of the two celebrated barristers, Balfour and Erskine, the former's style was gorgeously verbose, while the latter's, on the contrary, was crisp and vigorous. Coming into court one day, Erskine noticed that Balfour's ankle was bandaged.

"Why, what's the matter?" asked Erskine.

Instead of replying, "I fell from a gate," Balfour answered in his usual roundabout way: "I was taking a romantic ramble in my brother's garden," he said, "and on coming to a gate, I discovered that I had to climb over it, by which I came into contact with the first bar and grazed the epidermis of my leg, which has caused a slight extravasation of the blood."

"You may thank your lucky stars," replied Erskine, "that your brother's gate was not as lofty as your style, or you would have broken your neck."

What may be said in the larger sense of the press may also be uttered regarding journalism, and applies to medical journalism. If the mission of the journalist is to enlighten and civilize the world, that of the medical journalist is a responsible one, as to him falls the honor of moulding the medical opinion of his own and other communities, bearing the torchlight through the darkened passages of those diseases as yet unillumined by the light of a successful therapy. When I look back over the past twenty-two years, which cover my Medical Journal experience, I do so with mixed feelings. The establishment of such a journal is no sinecure, and the problem of its scientific conduct not easy of solution.

"Oh, I'm having lots of sorrow, and my soul is full of woe;
My state of mind is not at all serene.
I see so many things that need reforming here below,
I guess I'll have to start a magazine.

I'm totally disheartened by the methods of finance;
I'm astonished by the wickedness I've seen;
In everything but literature I've struck a losing chance,
I guess I'll have to start a magazine.

In politics I've had a somewhat unavailing run;
Of course they did the trick with a machine.
I want to tell the doctors how the deed was done.
I guess I'll have to start a magazine.

So rally, all ye scribes; the fashion now prevailing heed,
We'll surely smite the Pharisees, I ween.
The doctors won't have any time to do a thing but read
When everybody starts a magazine."

As I have already stated, it is no easy matter to establish a Medical Journal, especially in these days when the Postoffice Department are insisting from year to year upon such regulations as to subscribers that it is well-nigh impossible to live up to. It takes almost unending patience to put up with the vexation of spirit consequent upon such annoyances.

We should make Medical Journals attractive typographically. I am strongly of the opinion that a scientific journal need not necessarily be sombre in its appearance, but on the contrary, bright and attractive, both from the standpoint of illustrations in the text and from the viewpoint of a mechanic.

Despite the additional cost, why not let us make it a practice of using a nicely calendered paper, one that will take half-tone illustrations without our having to resort to the use of coated stock? The extra postage would be but a bagatelle, and I venture to think that we would more than make it up through new subscribers obtained, who would prefer a properly finished journal from a mechanical standpoint to, say, the foreign edition of a certain English medical weekly, which makes anything but an attractive appearance as a publication. Apart from the added interest to readers, a handsomely gotten up Medical Journal unquestionably attracts advertisers, as the more keenly

a journal is read, the more valuable it is from an advertising standpoint. We should pay particular attention to our advertising pages, and pay the highest prices for the best "ad." compositors obtainable, as in no other way can we expect to retain them from year to year. In our office, for over ten years, we have made a special point of writing our advertisers and requesting them to send in frequent changes of copy, and never hesitate to undertake the expense of re-setting their page or half-page just as often as desired. In this connection, I would like to refer, in passing, to the oft-quoted subject of keeping our advertising pages clean.

Gentlemen, the next few words I am compelled to speak by force of circumstances I fain would be glad to omit. But, as publishers and medical editors, we have our dignity as a brotherhood to maintain.

We have not come to the time when any member of this Association has to submit to dictation from any self-appointed triumvirate in Chicago or elsewhere as to what we shall or shall not allow in our advertising pages. Thank God, we live in America, the Land of the Free, and we are open to use our own judgment as to what, in our opinion, is ethical or otherwise. I would wish to be the very last to state that the American Medical Association has not done noble work for the profession and in furthering, or, shall I say, trying to further, the interests of journalism; but, fellow-members, I think most of you will admit that there is such a thing as going too far, when one man, whose own skirts, some say, need perhaps a little disinfecting, lays the law down for this Association as to what we shall or shall not publish, in the way of advertising, then and there I rebel and refuse to accept his dictum.

Before we were medical editors we were physicians in good standing, gowned and hooded by the best universities in this land and in the land across the sea, and, if we do not know the meaning of the word "ethical," the sooner, as an Association, we repeat in unison the Oxford undergraduate's poem to Dr. Osler and close our sessions, the better:

"Brothers, I am sixty-one,
And my work on earth is done;
Peace should follow after storm—
Reach me down the chloroform"

It often seems a marvel that so many medical journals, covering practically the same ground, are able to live and pay the printer, as all draw their support from the same fountain head. I sometimes wonder whether, instead of multiplying, the use of the same amount of energy, expended in furthering the interests and adding to the support of publications already in existence, would not tend in the right direction and result in the material improvement of journalistic literature. However, nowadays it is the survival of the fittest. Let you and I do our part in raising the standard of medical thought, expurgating from our pages everything that is questionable, burying in oblivion the unethical and unprofessional, ever upholding the dignity of the healing art and advancing the cause of medical knowledge. Let us always try and sift out of the mass of material that reaches us that which is most promising, keeping as our beacon light the interests of those who support us, by contributing to their literary edification, pleasure and betterment.

Let us study, if possible, to gain a few additional hours in the week for reading. Lord Macauley, from youth to age, was continuously occupied in "gorging and enfeebling" his intellect by the unlimited consumption of every species of literature from the masterpieces of the age of Pericles to the latest rubbish from the circulating library. It is not told of him that his intellect suffered by the process, and, though it will be hardly claimed for him that he was a great critic, none will deny that he possessed the keenest susceptibilities for literary excellence in many languages and in every form.

We must all confess to unnumbered errors in judgment and very faulty style in expression, but

> "If one of you linger
> Over my pages in the long, long night,
> And on some lone line lay a calloused finger,
> Saying, 'It's human—true, it hits me right';
> Then will I count this loving toil well spent,
> Then will I dream awhile—content, content!"

145 College Street, Toronto.
May Twenty-sixth.

CEREBRAL HEMORRHAGE*

BY JOHN V. SHOEMAKER,

Professor of Materia Medica, Therapeutics, Clinical Medicine and Diseases of the Skin in the Medico-Chirurgical College and Hospital of Philadelphia.

The patient was suffering from an unconscious condition produced by hemorrhage into the brain substance. J. G., age 49, occupation paper handler, nativity U. S.A.

Family History.—His father and mother are both dead, cause being tuberculosis. He has two brothers and three sisters. The brothers are both living and well. One sister died of paralysis and the other two from an unknown cause.

Social History.—He is married and has one child. His wife is living and apparently in good health, but his child died about fifteen years ago from pneumonia.

Habits.—His habits are irregular. He works very hard, being on his feet all day, and eats his meals at irregular periods. He drinks tea or coffee with each meal. As to alcoholic liquors and tobacco, he partakes very moderately.

Previous Personal History.—As a child he suffered from the ordinary diseases of childhood, having had measles, scarlet fever and whooping cough. Otherwise he has always enjoyed good health. He denies having had any venereal disease.

Present Illness.—This patient was missed from his work for about three or four days, and when looked up he was found unconscious in a room and was immediately sent to the hospital in this state. He states that before he became unconscious he had a feeling of fullness in his head, headache, depression and choreiform movements. When brought to the hospital he was very cyanotic, and there was great difficulty in arousing him. His breathing was slow, noisy, stertorous and attended with a puffing sound during expiration, and one side of his face was paralyzed. He remained dull; his pupils were dilated and sphincters were relaxed.

Physical Signs.—There is paralysis on the left side of the

*Delivered in the Clinical Amphitheatre Medico-Chirurgical Hospital.

face, also involving the tongue, interfering with his speech. The right arm and leg are likewise paralyzed. No abnormal signs can be elicited over the chest or abdomen.

Urinalysis showed nothing abnormal and reads as follows:

Color	amber.
Sediment	flocculent.
Sp. Gr.	1022.
Odor	aromatic.
Reaction	acid.
Albumin	negative.
Glucose	negative.
Indican	strong trace.
Phosphates	none.
Indican	strong trace.
Casts	hyaline.
Cylindroids	numerous.
Epithelial cells	few.
Urates	moderate.
Leucocytes	moderate.

EXAMINATION OF BLOOD.

Erythrocytes	4,684,000
Leucocytes	10,680
Hemaglobin	82 per cent.

Diagnosis and Differential Diagnosis.—From the symptoms present we can diagnose this case as cerebral hemorrhage. In diagnosing this affection it is necessary to differentiate it from epilepsy, opium poisoning, acute alcoholism, uremia, embolism and thrombosis.

In epilepsy there is a history of previous convulsions; in opium poisoning the coma comes on gradually, and when not too profound the patient can be aroused when shaken or shouted at, and the pupils are uniformly contracted. In alcoholism there is an odor of whiskey on the breath and in uremia the presence of dropsy and the finding of albumin and casts should suggest the disease.

CEREBRAL HEMORRHAGE.

1. Prodromes not very frequent.
2. Loss of consciousness.
3. Onset develops quickly.
4. Attack occurs while patient is exerting himself.

5. Pulse slow and full, blood pressure increased, breathing stertorous and face flushed.

THROMBOSIS.

1. Prodromes, as transient attacks of weakness, numbness, vertigo and headache frequent.
2. Consciousness usually present.
3. Slow development of paralysis.
4. Attack occurs while patient is asleep.
5. Pulse weak, breathing quiet, face not flushed.

CEREBRAL HEMORRHAGE.

1. Cardiac hypertrophy, arterio-sclerosis, increased arterial tension. In children previous infectious disease.
2. Temperature during attack is subnormal, followed by a rise especially on the paralyzed side.
3. Duration is as a rule longer, coma of long duration gives a very unfavorable prognosis.

EMBOLISM.

1. Previous development of cardiac disease following acute rheumatism, sepsis, chronic valvular disease, aneurysm, pregnancy.
2. Temperature normal or slightly disturbed.
3. Attack as a rule is short, if there is a protracted embolic infarction the duration is long; usually the circulation adjusts itself promptly.

Pathology.—In intercerebral hemorrhage the blood will be found to have infiltrated the brain substance and if extensive it may have penetrated into the ventricles. The hemorrhage may be outside of the dura mater, between it and the bone, or between the dura and the arachnoid, or within the pia arachnoid. The favorite seats of hemorrhage are the optic thalami, the caudate and lenticular nuclei and the adjacent white matter of the internal capsule and centrum ovale. When hemorrhage takes place in the white matter the extravasation is more or less diffuse than in the gray, where hematoma are apt to form. The substance of the brain is soon softened. If the hemorrhage has not been extensive the blood may occupy a single space or several small spaces form separations of the nerve fibres. Other changes

take place according to the duration of the case. The substance of the brain is altered and the neuroglia usually becomes soft where there is extensive hemorrhage. Hemorrhages may occur in the crura, or pons, or the fourth ventricle and also in the cerebellum, not infrequently from the superior cerebellar artery.

The extravasated blood changes color and gradually grows lighter, while reactive inflammation around the lesion results in the formation of a wall. The cyst, for such it has become through fatty degeneration of its contents, may remain as such, or when the lesion is a small one, connective tissue may form within, and a scar result. Especially is this the case with small clots on the surface of the convolutions, which may leave only a staining of the membranes. After healing has taken place, the hemisphere is usually reduced in size, and this reduction is not merely equivalent to the amount of nerve tissue that has been destroyed, but represents also the secondary degeneration that occurs in the nerve fibres whose course has been interrupted by the lesion. This is both ascending and descending, and frequently causes sclerosis that involves not only the brain, but extends throughout the pyramidal columns.

Etiology.—Cerebral hemorrhage is generally of arterial or of capillary origin. It is rarely venous, and in the latter case is due almost always either to traumatism or rupture. The small hemorrhage may be due to some alteration of the vessel walls or of the degree of the blood pressure, causing extravasation of the blood into the surrounding tissues. The principal causes are hyperemia, particularly if associated with an inflammatory condition of the brain or convulsions.

Disease of the artery involved is responsible for the vast majority of the cerebral hemorrhages. In more than one-half of all cases the lenticulo striate artery gives way and damages the lenticular nucleus and internal capsule.

The predisposing causes are alcoholism, syphilis and gout. Age is also a predisposing factor, most of the ruptures occurring after fifty, while the occupations and dissipations of men furnish additional predisposing elements which accounts for its greater frequency in the male sex. Hereditary influences may also be a factor, as may also the infectious fevers.

Among the exciting causes are mental excitement, coitus,

excessive straining and the lifting of heavy weights; debauch in eating and drinking, owing to the fact that they temporarily increase intravascular pressure. Other causes are fatty degeneration and erosion of the intima, characteristic of advanced age. Endarteritis is thus the most frequent cause.

Treatment.—In these cases our object should be to lower arterial tension as soon as possible, and in all cases as we did for this patient we gave him at once two minims of spiritus glycerylis nitratis 1% solution hypodermically.

Next he was given fʒiiss of a saturated solution of magnesium sulphate to cleanse out his bowels and deplete the system.

Spiritus glycerylis nitratis m i of a 1% solution was administered every three hours hypodermically for thirty-six hours, when the patient became conscious and arterial tension was much lower. The spiritus glycerylis nitratis not only lowered arterial tension but it also acted as valuable diuretic and as a diaphoretic.

At the end of thirty-six hours we placed him on potassii iodidi, gr. x, three times daily, and spiritus glycerylis nitratis hypodermically only every six hours night and day. We will continue this treatment until the paralysis is lessened or removed. Other vascular sedatives that may be employed are aconite, veratrum and sodium nitrite. The iodides are employed for their alterative virtue and to hasten absorption of the clot.

The diet is all important, nothing but liquids should be given.

In plethoric patients, blood letting is often resorted to, and is certainly very valuable to relieve the congestion of the brain and lower the high arterial tension.

Prognosis.—The prognosis in this patient is very good as regards recovery. I believe the paralysis will entirely clear up, but he is always in danger of having another hemorrhage which might be fatal.

Society Proceedings

THE CANADIAN MEDICAL ASSOCIATION

The forty-third annual meeting of the Canadian Medical Association convened at Toronto on June 1st, and remained in session, with a break of one day, till the afternoon of June 4th. The different sessions met in the various buildings of the University of Toronto under the able presidency of Dr. Adam H. Wright.

In point of attendance, the 1910 meeting of our Dominion Association was one of the very best in its history. The papers read and the quality and character of the discussions could hardly have been improved upon, and not only the President, but the different committees, deserve congratulations on the result of their labors. It is eminently satisfactory that the Canadian Medical Association seems to have taken on a new lease of life, and we earnestly trust that this will manifest itself more and more from year to year. In beginning the afternoon's proceedings on Wednesday, June 1st, Dr. R. J. Blanchard, of Winnipeg, the retiring President, asked Dr. Adam H. Wright, of this city, the new President, to take the chair. The latter called on Rev. Dr. Hazlewood to open the meeting with prayer, and then addresses of welcome were delivered by Dr. Pyne, Minister of Education for the Province; Acting Mayor Ward for the City, and President Falconer for the University.

Dr. Wright, in his presidential address, said in part:

"It is supposed by some," he said at the outset, "that the general practitioner will soon become extinct. Although that seemed possible or probable a few years ago in some cities, such as New York, Chicago, etc., it appears that the pendulum is swinging the other way, and the family physician is now considered a necessity in most homes. There is perhaps no member of an ordinary community who comes more prominently into view than the doctor. He must run the gauntlet of criticisms very varied in character. Sometimes these criticisms are harsh and unjust, but on the whole we have no cause to complain."

Your Child Will Die.

After describing the celebrated picture, "The Doctor," painted nineteen years ago by Sir Luke Fildes, Dr. Wright continued: "We do not pretend that the majority of physicians are saints or heroes; but we do contend that the practice of our profession furnishes grand opportunities for good work in the interests of suffering humanity. We are proud to think that in all parts of Canada there are physicians who make the most of such opportunities.

"Some may wonder whether Fildes' doctor will continue to exist. We are told that therapeutics is becoming unpopular because there has been in the past, and is now, too much empiricism in our methods of treatment. The all-important subjects among the final branches are diagnosis, prognosis and pathology. It is supposed by some that the modern physician will struggle longer and puzzle more over his diagnosis, and then in a case such as Fildes' sick child, he will turn to the mother with a bland smile on his wise face, and say to her: 'Madam, this is really a most interesting case. It has been very puzzling, but I am pleased to be able to say I have made a diagnosis and prognosis. This child has malignant endocarditis and will die in about five or six hours. I can do nothing more for you now, but I shall call in the morning to make a post-mortem examination.''

The Problem of Medical Education.

Dr. Wright holds that one of the most vexed questions of the present day is the medical education of the general practitioner. "The amount of work in all departments," he observed, "has increased so enormously during recent years that students are bewildered, confused and disheartened. The students of to-day bolt more, and cram more, and observe less, and think less, than did those of ten to twenty years ago. There seems to be little continuity between the teaching of the primary and final subjects. In the early years the students are now swallowing pure and applied science in masses too big for their assimilative organs; or, in other words, are largely memorizing facts without understanding them. It is believed by many that this unfortunate condition of things exists in many, if not most of the best medical colleges in North America, as well as in the old world."

Becoming Mere Mechanics.

The students nowadays were not taught to observe so carefully the evident symptoms of disease as formerly, and were becoming mere mechanics. The higher and more intellectual means of drawing conclusions by inductive reasoning, as Dr. Shepherd, of Montreal, had pointed out, were to-day almost neglected.

"On the other hand," pursued Dr. Wright, "we have scientists who think that such ideas are entirely wrong and not even worthy of consideration. Some of our advanced educationalists are even growing a little tired of Johns Hopkins, because those Baltimore men still stick to the old-fashioned idea that the student should be encouraged to observe and think and reason. We are told that they hope soon to be able to manufacture machine-made physicians and surgeons who will be vastly superior to the home-made article."

Work Has Doubled.

Dr. Wright went on to quote from many eminent authorities to show that the work demanded of students to-day was practically double that required fifteen years ago. In the student's first year the attempt was undertaken to make him a man of science; he was stuffed with facts so that he had no leisure for independent thought.

"While our college professors," continued Dr. Wright, "are studying methods in medical education, many of our general practitioners are watching the situation with a very deep and intelligent interest. We think the majority of physicians consider it unwise to endeavor to stuff a quart of material into a pint pot. Many of them also believe that our teachers should teach less in order that our learners may learn more. A certain proportion favor Fletcherization because of their belief that the intellectual pabulum given to our students should be properly digested and thoroughly assimilated."

Undignified and Dishonest.

The relationship between the general practitioner and the specialist, Dr. Wright pointed out, had been much discussed in the past. "It would appear," he remarked, "that a large proportion of surgeons in the United States are in the habit of

giving percentages or commissions to physicians who send them patients, without the knowledge of the latter. I hope it is not necessary to tell members of this association that such conduct is undignified, unethical and dishonest. It is quite true that the division of fees between the general practitioner and the operating surgeon is frequently or perhaps generally unfair to the former. How can a more fair division be made? We are inclined to think the general practitioners must find that out for themselves."

Filled With Wonder.

Dr. Wright was inclined to wax satirical at certain developments in the attitude of the specialists.

"The general practitioner takes great interest in the work of the specialist," he asserted. "When he goes into a modern hospital theatre while a surgical operation is being performed he beholds something which fills him with wonder and admiration. He asks: 'What are these which are arrayed in white robes? and whence came they?" The master of ceremonies answers: 'These are they who have discovered something "more rational" than antiseptic surgery as practised by Lister.' The general practitioner does not object to a uniform. The surgeon may wear a nightcap, a mask, a nightgown, mittens and top boots in his well-equipped hospital with all sorts of new apparatus and laboratory appliances if he pleases.

Overshadow Real Essentials.

"There is grave danger, however, that the undue exaltation of modern histrionics may overshadow the real essentials in connection with the prevention of sepsis. We want men of the Lister type to teach our students and practitioners. The wondrous charm of Lister's simplicity in his methods of teaching and operating is one of the most delightful things the world has ever contemplated. Some of our shining lights nowadays, in hospitals and medical societies, appear to aim at giving exhibitions of their skill instead of imparting some practical knowledge to the every-day doctor—knowledge that will help him while working on the side lines or in the backwoods, where theatrical costumes can scarcely come into general use."

Want Medical Reciprocity.

After an extended reference to the progress that was being made by the profession in Western Canada, in common with all other lines of activity, Dr. Wright concluded: "We are all happy now over the present condition of our Association. We are filled with hope for the future. We are becoming national in the true sense of the term. May I add—we are growing more imperialistic. We really want not only Dominion registration, but also reciprocity with the profession of our dear Mother Country. Although we are plunged in grief over the appalling calamity that has befallen our great Empire, our wish, our song, our hymn, our prayer is still—God Save the King."

What amounted to practically a symposium on the question of pure milk and the dangers to which the modern community is liable through the infection of the supply of milk with various communicable disease forms, took place. The report of the Milk Commission, in a volume of some thirty-six pages, was taken as read and distributed among the deeply interested members of the Association who were present.

In introducing the report, Dr. J. C. O. Hastings said that the reason for existence of the Milk Commission lay in the present lamentably large infant mortality, and the fact that at least fifty per cent. of those who die under the age of five years do so from some kind of infantile diarrhoea or kindred preventible diseases, and that under the age of two years the proportion was ninety per cent. There was no problem in preventive medicine of greater significance than that of removing the dangers which exist in the ordinary market milk. Because one child had died from rabies, every dog in Western Ontario had been muzzled. Why were not some stringent measures taken to save the five thousand children under five years of age who at a conservative estimate might have been saved to Canada by preventive measures last year out of the ten thousand who died. Certificates were required before druggists, doctors and even undertakers could practise, but any ignorant foreigner or man who was willing to do the work could come in and milk the cows and send out the milk which filled the coffins of the undertaker.

The Commission had tried to secure legislation from the Dominion Parliament and the local House. The Federal House

was limited to the power of defining what certified milk, milk, and officially pasteurized milk were, but they had assured the Commission that when these definitions had been sufficiently adjusted by them to the satisfaction of Professor A. McGill, Dominion Analyst, they would be incorporated into the Adulteration Act. They had also tried to co-operate with the dealers, and they had found these, when properly approached, quite willing to do all they could. Two years ago a pint of certified milk could not be purchased in Toronto, while now 470 quarts are sold daily, as well as 36,448 quarts of officially pasteurized milk, 4,956 quarts of pasteurized cream, and nearly two hundred quarts from the plant of the Hospital for Sick Children. Altogether 42,074 quarts of what they could guarantee as being free from disease-producing germs were being sold daily in Toronto, almost one-half of its milk supply.

The Commission resented the statement that pasteurization paid a premium on dirt. The milk presented for pasteurization had to come up to a certain standard. Experiments at the Hospital for Sick Children had shown during the last week 30, 61, 8, 50 and 60 bacteria to the cubic centimetre after pasteurization. He had little hesitation in making the statement that through the efforts of the Commission, working in co-operation with the Department of Inland Revenue of the Dominion Parliament, the local houses and municipal bodies and the dealers, they would, in a short time, have the safest milk supply of any country on the face of the earth.

Dr. Charles E. North, of New York, one of the highest recognized authorities on the question of pure milk and water and on sewage disposal in North America, said that the milk supply of the city of Toronto was better than that of most other cities on the continent, as outlined in the Commission's report. He himself was a member of the New York Milk Committee, which was organized with the sole object of improving the milk supply in the city of New York because the Board of Health was limited. in its efficiency by political restrictions and lack of money and medical commissions to certify milk. He strongly advised pasteurization in view of the issues involved. Part of the solution of the problem, he thought, lay in taking the dairy business out of the hands of the farmer, who could not be expected to be a dairy expert. He also mentioned a case of where 700 cases of

scarlet fever were traced to one raw milk dealer. Out of three hundred guinea pigs he had injected with New York milk samples, half had died with raw milk, one with pasteurized milk, and that commercially treated, and none with certified milk.

Professor A. McGill, Dominion Analyst, explained the necessity of specific definitions being given. The scientific definitions and the legal ones must be made alike. But there was little use defining pasteurized milk according to its processes legally if there was no recognized scientific method of discovering by tests whether these processes had been used. They could discover the bacterial contents in those milks, and go on that basis if that were made the legal definition. Inspection of every plant would be very difficult and expensive in order to discover whether the processes had been followed.

Dr. Rutherford, Dominion Veterinarian, said that any abnormality in the cow as regards its health or diet was liable to give rise to changes in the qualities and properties of milk, and so affect those who drank it. He mentioned a number of diets that would cause disturbing influences in the health of those who afterwards drank the milk of the cows partaking of them. Milk should never be taken from cows suffering from chronic sepsis or retention of the placental membrane, and the following diseases were communicable through the milk to human beings: Cowpox, anthrax, rabies (possibly), foot-and-mouth disease, trembles, actinomycosis, and last of all and worst of all, tuberculosis. Scarlet fever also was traceable to cows.

Tuberculosis should be attacked in the cow, and as that was the most common method of its transmission to humanity the stamping out of the disease amongst cattle would remove one of the great sources amongst human beings. Afterwards, when there were no tuberculous cows, the transmission of tuberculosis would cease to be a problem. The sale of milk from cows not known to be free from tuberculosis is a crime against society, and any community that permits the sale is accessory to the crime. "What, then," said Dr. Rutherford, "must we say about communities that continue to authorize the sale from cows known not to be free from the disease?"

Dr. C. J. Fagan, of British Columbia, told of what good results were flowing from their system of dairy inspection, and

that on account of the tuberculin test the percentage of effective stock was on the increase.

Dr. Fraser, of Toronto, suggested that a much smaller time should be taken in getting the milk from the cow to the consumer.

The evening session was made exceedingly interesting to the medical men present by a very able and exhaustive address on chronic Bright's disease by Dr. W. P. Herringham, of London, Eng., based on a long series of observations of that disease in its many phases.

Dr. R. A. Reeve, Chairman of the Executive Council, read the report of that body. A recommendation was made to the Provincial branches that membership in full standing should be limited to those who also belonged to the Canadian Medical Association.

The Council also recommended that the Association should bring out a journal forthwith, with Dr. McPhail, of Montreal, as editor, and further recommended that the Association journal should absorb the *Montreal Medical Journal.* The report was received and adopted, after some discussion.

Dr. T. G. Roddick produced an amended bill on Dominion registration, asking for the Association to accede to its various clauses. The clauses in which it differs from the one presented on a former occasion were read one by one, and accepted, with slight amendations. The principal change was that the Dominion Council should not fix the qualifications necessary for matriculation in the study of medicine, and for obtaining the Provincial license, this being regulated as heretofore by the Provincial authorities.

The following were elected for the ensuing year to the Executive Council: Drs. C. J. Fagan, Victoria, B.C.; D. Ingersoll Olmsted, Hamilton; Geo. E. Armstrong, Montreal; A. T. Shillington, Ottawa; James Bell, Montreal; F. N. G. Starr, Toronto; J. T. Fotheringham, Toronto; J. H. Elliott, Toronto; John Stewart, Halifax, N.S.; Dr. A. McPhedran, Toronto; Dr. R. A. Reeve, Toronto; Dr. Murray Maclaren, St. John, N.B.; Alex. McNeill, Charlottetown; J. D. Lafferty, Calgary; and F. G. Finley, Montreal.

The annual executive session of the Ontario Medical Association met in the forenoon of the first day, and decided that

their proportion of the $5 fee paid the two associations should be 50 cents per member, and that associated members should pay $2 a year to the Ontario Association.

Dr. John B. Murphy, of Chicago, delivered his splendid address on the afternoon of the second day. The address was entitled "The Surgery of the Joints," and during its delivery the Convocation Hall was well filled.

The Symposium on Exophthalmic Goitre, taken part in by Dr. Alex. McPhedran, Toronto; Dr. F. H. Shepherd, Montreal, and Dr. S. P. Beebe, of New York, also attracted an unusually large audience.

Dr. Henry C. Coe, of New York, delivered a most interesting address at the evening session, on "The Old and New Gynecology." In the course of it he expressed some satisfaction that the tendency to follow surgical fads and fancies seemed to be passing, and that a more conservative era had supervened. He thought that in the gynecology of the future the surgical aspect would be less prominent, and more attention would be paid to diagnosis and all that it involved. He stated that no man had a right to perform at the expense of a patient any operation which he could not do well; in other words, that none but a trained specialist should do it.

Speaking on the subject of marriage, he said that he believed the day would come when state control of marriage would be recognized as wise. There must be a survival of the fittest, and it remained for them to take every precaution which would enhance the chances of new arrivals in the world being fit. This was not a fanciful scheme, and in some of its details was being worked out even now. It was a shame that so much attention was paid to cattle in this respect, and so little to human beings.

Dr. J. C. Connell, dean of the medical faculty of Queen's University, Kingston, in making an address on medical education, compared the conditions of twenty-five years ago, as shown by the college calendars, with those of the present. The changing years had brought with them, in the place of the old teaching of students by general practitioners in active practice, an instruction in a rapidly increasing number of subjects by men who were specialists in the subjects they lectured on. An overburdened curriculum and a higher matriculation standard did not tend, however, to making the student of to-day much better

equipped than the one of twenty-five years ago. There was too much for him to cover, and, although the progress of science made some additions necessary, they should be careful not to run to fads and fancies. Principles and methods should be taught rather than a great mass of details. It was of the utmost importance to cause him to think and observe for himself. He concluded by a suggestion for the organization within the Association of a permanent committee on medical education.

It was moved by Dr. C. J. Fagan, seconded by Dr. A. McPhedran, that, considering the importance of anti-toxin in the reduction of the death-rate of diphtheria, its present prohibitive cost, and the lack of means to test the purity or potency of sera sold and used in Canada, the Dominion Government should be petitioned to establish a laboratory, with all the necessary accompaniments for the production of anti-toxin and other sera, and to distribute them throughout Canada at the cost of production.

At the meeting of the Canadian Medical Protective Association, held on Thursday afternoon, on account of the illness of Dr. R. W. Powell, of Ottawa, he was unable to be present, and Dr. Edwin King took the chair. The report showed seven hundred members to have joined the Association, which only found it necessary to defend one case of alleged malpractice during the year. The finances are in a flourishing condition. The same officers were re-elected.

Dr. J. H. Elliott, of Toronto, spoke in the medical section on the value of tuberculin in pulmonary tuberculosis. It had a therapeutic value in certain chronic cases unassociated with fever, but its limitations had to be thoroughly understood. It was only a limited number of carefully-selected cases in which it could be made of use.

The address by Dr. A. F. Miller, Kentville, N.S., on "The Blood in Pulmonary Tuberculosis," was remarkable in that the investigations on which the paper was based covered a period of six years, and represented an enormous amount of work. It had been conducted in collaboration with Dr. L. Brown and Dr. J. S. Lupton, of Saranac Lake, the latter gentleman having passed away during its progress. Many hundreds of cases were examined by these gentlemen, with the object of finding what changes occurred in the blood during tuberculosis, and, while the

results were mainly negative, it was valuable on account of the great field covered.

Dr. John Stewart, of Halifax, N.S., submitted a long report to the Executive Committee, making important recommendations regarding the inspection of children in public schools. One recommendation was that the Minister of Education, or the Council of Education, should appoint a public inspector, and that each Province should have an expert medical adviser appointed to organize a complete system of medical inspection, and that these men should co-ordinate their efforts as far as possible with those of the public health service. The report also asked that the Canadian Medical Association approve of the system adopted by British Columbia this year for the medical inspection of schools. Then, in view of the large number of matters affecting public health, a Department of Public Health Inspection should be added to the permanent organization of the Canadian Medical Association.

Dr. Herbert Bruce gave a large dinner at the Toronto Club on Thursday evening, at which a number of the leading out-of-town members of the Canadian Medical Association and prominent local medical men were present.

The following officers were elected for the ensuing year:

President, Dr. Geo. E. Armstrong, Montreal; Vice-Presidents of Affiliated Societies, the Presidents of Provincial Societies ex-officio; General Secretary, Dr. E. W. Archibald, Montreal; Treasurer, Dr. H. B. Small, Ottawa; Local Secretaries of Affiliated Societies, the Secretaries of Provincial Societies, ex-officio; Vice-President for Quebec, Dr. Simard, Quebec; Local Secretary, Dr. Campbell Howard, Montreal.

Finance Committee—Chairman, Dr. James Bell, Montreal; Dr. J. L. Fotheringham, Toronto; Dr. Murray Maclaren, St. John; Dr. S. J. Tunstall, Vancouver; Dr. F. W. G. Starr, Toronto; Dr. R. J. Blanchard, Winnipeg, and Dr. F. G. Finley, Montreal.

Special Committee on Medical Inspection of Schools—Chairman, Dr. John Stewart, Halifax; Secretary, Dr. Helen MacMurchy, Toronto; Dr. Jasper Halpenny, Winnipeg; Dr. A. McPhedran, Toronto; Dr. C. J. Fagan, Victoria, B.C., and Dr. J. D. Lafferty, Calgary.

Committee on Medical Education—Chairman, Dr. R. A.

Reeve, Toronto; Dr. James Bell, Montreal; Dr. F. G. Finley, Montreal; Dr. F. N. G. Starr, Montreal; Dr. Murray Maclaren, St. John, N.B.; Dr. C. J. Fagan, Victoria, B.C., and Dr. George E. Armstrong, Montreal.

Committee on Medical Legislation—Dr. A. T. Shillington, Ottawa, with power to add.

Public Health and Hygiene—Dr. A. T. Shillington, Ottawa, with power to add.

Amendments to Constitution and By-laws—Dr. H. B. Small, Ottawa, Chairman, with power to add.

Reports of Officers—Ingersoll Olmsted, Hamilton, with power to add.

Necrology—Dr. J. H. Elliott, Toronto, with power to add.

On Friday morning Dr. J. A. Amyot delivered a splendid address on "Rabies" before the Section of Pathology. "At present," he said, "it is confined to the western part of the Province. The district extends from Hamilton to Essex Centre, right through London, and the whole section between. It is to be found from London to Goderich, and there is some of it at Owen Sound. There has been one human death as the result of rabies, that of the boy who died at Dundas. I performed the post-mortem examination in this case, and there is not the slightest doubt that the boy died of hydrophobia. There were five deaths in Canada previous to this outbreak."

The necessity of adhering closely to the regulation of not allowing dogs to be transported from one part of Ontario to another, and taken out of the Province, especially into summer holiday districts like Muskoka, arises from the danger of infecting wild animals, like foxes and wolves, which, in their natural habits are timid and fearful of man. If they become infected with rabies, they become bold and run into settlements. In that way there would be a constant source of supply for perhaps years to come.

The instance in Colorado of where rabies got among the skunks is a very enlightening one, because these usually timid animals invaded houses and towns and bit people.

During the past eight months Manitoba and Saskatchewan have been infected from dogs transported from Ontario, dogs that showed no symptoms at the time they left here, but developed it later.

Since the 4th of March, one hundred and thirty-seven animal brains have been examined in the laboratory of the Board of Health. Of these, some sixty-five or seventy have proven positive cases of rabies. The especial value of this has been that individuals bitten by these animals were able with certainty of its necessity to take the prescribed treatment. Sixty-one cases have so far been given the Pasteur vaccination treatment. This is not the treatment for the developed disease, but preventive vaccination. So far no ill-effects of any kind have been noticed in any of the patients treated.

Professor J. J. Mackenzie, in commenting on Dr. Amyot's address, mentioned that he had found the same bodies mentioned by Negri while studying a former outbreak in Ontario, which occurred in 1895. He had looked upon them as degeneration products, and so termed them in an address in Great Britain in 1897.

An address by Dr. J. Wood, of Kingston, Ontario, on "Appendicitis in Children," in the section of surgery, was fruitful in causing a discussion. This was, in effect, that the medical profession must awake to the fact that this disease in children must not be treated in the same way as for adults. The whole prognosis and diagnosis of the disease was wrong at the present time. Six of the largest hospitals in Europe, in 1907, had had a mortality of 19.23 per cent. amongst children, and only 2.9 per cent. amongst adults. This mortality could only be reduced by coming to an accurate understanding of the different nature of appendicitis in children.

The social side of the meeting of the Canadian Medical Association was not by any means neglected. There was a most enjoyable smoker at St. George's Hall, Elm Street, on the Tuesday evening, which was largely attended. On Wednesday those given to bowling and golf were entertained most hospitably at the Victoria Lawn Bowling and Toronto Golf Clubs respectively. The visiting ladies were also looked after by the Ladies' Committee, and were entertained by Mrs. Adam H. Wright at Lambton Golf and Country Club on Friday, automobiles being provided from Convocation Hall.

A very enjoyable trip was that on June 2nd to Niagara Falls per S.S. Turbinia to Port Dalhousie, thence by electric cars to the Falls, where dinner was served at the Clifton House. The

medical profession of Guelph invited the Association to be their guests at the Royal City on Saturday, June 4th. This courtesy was greatly appreciated and was taken advantage of by over three hundred members and friends. A special train left the Union Station at 11.30 a.m., reaching Guelph in time for lunch, which was served on the lawns of Homewood Sanitarium. We have been favored with several views taken by Dr. N. A. Powell on that occasion, and reproduce them on the opposite page. To show the trouble that our confreres in Guelph went to in order to make the day enjoyable for their guests, one of our illustrations shows an improvised bridge built across the river Speed, leading directly to Homewood and saving thereby a considerable journey. This bridge was made of planks supported on timbers which were buoyed up by a series of empty barrels, thus making a safe and comfortable crossing. After luncheon was served an informal reception was held by the genial medical superintendent, Dr. A. T. Hobbs, who was courtesy personified and left nothing undone to make it pleasant for the visitors. A visit was also paid the same afternoon to the Agricultural College, not far distant, where again they were greeted with the right hand of fellowship from Principal Creelman. A most interesting time was spent at the College, considerable attention being paid to the Macdonald Institute and the Massey Library, the gift of the Massey estate. It may be interesting to our readers to know that at the Macdonald Institute each year over 500 young women are thoroughly taught how to become farmers' wives, being trained in every branch of housekeeping, from how to make good butter to the dustless method of housecleaning. Refreshments were again served before the visitors left for home, one and all pronouncing the trip most enjoyable. The JOURNAL desires to take this opportunity of expressing to our professional brethren in Guelph the thanks of the Canadian Medical Association for a delightful day.



SOME OF THE BEAUTY SPOTS AT GUELPH VISITED AY THE CANADIAN MEDICAL ASSOCIATION

1. Administration Building Homewood Sanitarium. 2. Improvised bridge to "Homewood" erected for the visitors. 3. The Massey Hall Library of The Royal Agricultural College. 4. Luncheon served on the lawns.

Canadian Journal of Medicine and Surgery

Editor:
J. J. Cassidy, M.D.
45 Bloor St. E., Toronto

Managing Editor:
W. A. Young, M.D., L.R.C.P., Lond.
145 College St., Toronto

Surgery:
F. N. G. Starr, M.B., Toronto, Associate Professor of Clinical Surgery, Toronto University; Senior Surgical Assistant, Toronto General Hospital; Surgeon, Hospital for Sick Children, Toronto; N. A. Powell, M.D., C.M., Professor of Medical Jurisprudence, Toronto University; Senior Assistant in charge, Emergency Department, Toronto General Hospital.

Clinical Surgery:
Alex. Primrose, M.B., C.M., Edinburgh University; Associate Professor of Clinical Surgery, Toronto University; Secretary Medical Faculty, Toronto University; Surgeon Toronto General Hospital; and Herbert A. Bruce, M.D., F.R.C.S., Eng., Surgeon, Toronto General Hospital.

Orthopedic Surgery:
B. E. McKenzie, B.A., M.D., Toronto; Surgeon to the Toronto Orthopedic Hospital; ex-President of the American Orthopedic Association; and H. P. H. Galloway, M.D., Winnipeg, Man., Member of the American Orthopedic Association.

Physiology:
A. B. Eadie, M.D., Toronto.

Medical Jurisprudence and Toxicology:
Arthur Jukes Johnson, M.B., M.R.C.S., Eng., Coroner for the City of Toronto; Surgeon Toronto Railway Co., Toronto; W. A. Young, M.D., L.R.C.P., Lond., President of the American Medical Editors' Association; Associate Coroner, City of Toronto.

Physiotherapy:
Chas. R. Dickson, M.D., C.M., Queen's University; M.D., University of the City of New York; Electrologist Toronto General Hospital, Hospital for Sick Children and St. Michael's Hospital.

Pharmacology and Therapeutics:
A. J. Harrington, M.D., M.R.C.S., Eng., Toronto.

Pediatrics:
Allen Baines, M.D., Toronto; Associate Professor Pediatrics, University of Toronto; Physician, Hospital for Sick Children; A. R. Gordon, M.D., Toronto; Senior Medical Assistant, Toronto General Hospital; Helen MacMurchy, M.D., Toronto, Editor, The Canadian Nurse.

Dermatology:
D. King Smith, M.B., Tor., Toronto; Demonstrator in Pathology, Toronto General Hospital.

Medicine:
J. J. Cassidy, M.D., Toronto, ex-Member Ontario Provincial Board of Health; Consulting Surgeon, Toronto General Hospital; W. J. Wilson, M.D., Toronto, Physician, Toronto Western Hospital; and Dr. J. H. Elliott, ex-Medical Superintendent, Gravenhurst Sanatorium, Ont.; Associate Medicine and Clinical Medicine, University of Toronto; Senior Medical Assistant, St. Michael's Hospital.

Clinical Medicine:
Alexander McPhedran, M.D., Professor of Medicine and Clinical Medicine, Toronto University; Physician, Toronto General Hospital; Lewellys F. Barker, M.D., Professor of Medicine, Johns Hopkins University, Baltimore, Md. H. B. Anderson, M.D., Toronto; Associate Professor of Clinical Medicine, University of Toronto; Physician, St. Michael's Hospital.

Bacteriology:
J. G. Fitzgerald, M.D., Lecturer in Bacteriology, University of Toronto.

Mental and Nervous Diseases:
N. H. Beemer, M.D., Mimico Insane Asylum. Campbell Meyers, M.D., M.R.C.S., L.R.C.P. (London, Eng.), Private Hospital, Deer Park, Toronto.

Gynecology and Obstetrics:
Geo. T. McKeough, M.D., M.R.C.S., Eng., Chatham, Ont.; and C. F. Moore, M.D., Toronto.

Pathology:
W. H. Pepler, M.D., C.M., Surgeon Canadian Pacific R.R., Toronto; Junior Medical Assistant, St. Michael's Hospital; and J. J. MacKenzie, B.A., M.B., Professor of Pathology and Bacteriology, Toronto University Medical Faculty.

Ophthalmology:
J. M. MacCallum, M.D., Toronto, Senior Assistant Eye Department, Toronto General Hospital; Oculist and Aurist Victoria Hospital for Sick Children, Toronto.

Nose, Throat and Ear:
Perry G. Goldsmith, M.D., 84 Carlton St., Toronto, Laryngologist and Aurist, Provincial Institution for the Deaf and Dumb; Senior Assistant Ear, Nose and Throat Department, Toronto General Hospital.

Address all Communications, Correspondence, Books, Matter regarding Advertising, and make all Cheques, Drafts and Post-Office Orders payable to "The Canadian Journal of Medicine and Surgery," 145 College Street, Toronto, Canada.

Doctors will confer a favor by sending news, reports and papers of interest from any section of the country. Individual experience and theories are also solicited. Contributors must kindly remember that all papers, reports, correspondence, etc., *must be* in our hands by the first of the month previous to publication.

Reprints supplied Authors at Cost.

Editorials

THE PREVENTIVE USE OF ANTITETANIC SERUM

Infections of wounds with tetanus, through injuries resulting from the explosion of blank cartridges or from gunshot wounds, may occur in Canada early in July, as an outcome of the usual Dominion Day celebration. The fact that the poison of tetanus is developed at the site of infection gives the greatest importance to the local treatment of such traumatisms. A careful toilet of the suspected wound should be made, a major anesthetic being administered if necessary. Thorough cauterization with the nitrate of silver is recommended by Tizzoni, as the best germicide for the bacillus of tetanus; but complete excision of the wound is a more trustworthy procedure, as the germ of tetanus is thus removed, together with the soiled tissues, in which it is imbedded.

The immunizing use of antitetanic serum can also be recommended in such cases. This serum has been successfully employed in arresting the spread of tetanus among horses occupying infected stables. Therefore, there should be no hesitation in administering it to patients suffering from suspected traumatisms, especially such as have been defiled with street dust, garden mould, or stable manure, in all of which the bacillus of Nicolaier is present. Antitetanic serum should be used as an immunizing agent at the first dressing of a suspected wound. Injec-

tions of this serum, while of service in preventing the development of tetanus, are of little or no therapeutic efficacy, once the infection of tetanus has been declared. J. J. C.

THE USE OF THE ELECTRO-CAUTERY IN CASES OF INOPERABLE UTERINE CANCER

In a paper, published in the May number of the *Buffalo Medical Journal,* Dr. Chase, Brooklyn, N.Y., shows that the use of the electro-cautery is very valuable in uterine cancer. The principal advantages of this method of treatment are: First—If done as it should be, under anesthesia, little or no pain follows its use. Second—Owing to the agency of heat in the involved parts, short of actual disintegration, inhibition, if not destruction, of pathogenic germs ensues. Third—The absorbent vessels are effectively closed. Fourth—The systemic infection is usually diminished, sometimes disappearing for a longer or shorter period of time. Fifth—Occasionally, more frequently in cases in which the neck of the uterus is involved, unexpected recovery has followed its use. Another good feature in this method of treating cancer of the womb is that the surgeon can reapply it from time to time when he deems it expedient to do so. Relapsing cases, if treated with daily douches of permanganate of potassium, or the cresol compounds, followed by zinc-oxide gauze dressings, may be carried to the end, with greatly diminished and, in some instances, little, pain.

Besides, the exhausting influence of repeated hemorrhages is lessened and the general comfort of the patient promoted by this treatment. To protect the patient's vagina during the operation asbestos paper is used. Boldt has devised a tubular speculum for use in such cases. It is so constructed, that a stream of cold water traverses the hollow spaces in the speculum, preventing the risk of burning the vagina. The electro-cautery, with suitable platinum knives, is used with great satisfaction, though the Pacquelin cautery, with similar platinum accessories, is quite effective.

Dr. Chase advises that the operator should apply the knife at a dull-red heat, so as not to provoke hemorrhage, which arises from a too rapid burning of the tissues. Another reason for applying a low grade of heat for a considerable time is to devitalize, as far as possible, any cancer cells present in adjacent tissues. He says also, that, with care and experience in operating on this class of cases, a surgeon may remove the neck of the womb and most of the body of the womb (when involved), leaving little more than a shell of peritoneum.

The nature of the operation will be determined by the amount of tissue involved. If the cervix uteri is intact, or nearly so, it may be drawn downwards by a double volsellum or a double tenaculum opening outwards can be introduced within the cervical canal for a similar purpose. The incision with the cautery knife should be made, if possible, above the growth, if need be reaching to the utero-vaginal junction.

The traction should be even and constant, while the cautery knife slowly eats its way through the tissues near the circumference of the corpus uteri, but inside the peritoneal covering. To make the cautery knife effective it should be moved slowly up and down or in a lateral direction, at the same time keeping it free from the eschar, otherwise it is likely to provoke hemorrhage and delay progress. If hemorrhage occurs, a small gauze sponge saturated with diluted acetic acid or a solution of adrenalin, applied with pressure, usually controls the bleeding, until the slow application of the cautery closes the blood vessels. If infected portions of uterine tissue remain, a round dome-shaped instrument can be introduced into the uterus and further cauterizing done. Infected areas of tissue on the vaginal walls may be removed by the curved platinum knife. When the disease is far advanced, and the vagina considerably involved, the cancerous structure should, as far as possible, be removed by the same method. It should be done, however, by slow, progressive steps, or by the application of a strong curette, followed by the cautery knife. Dr. Chase says that, even in these advanced cases, enough of the cancer can be removed to quiet or obtund pain, check or control hemorrhage, and lessen the discharge from the diseased surfaces, thereby diminishing pain and the tendency to exhaustion. Daily irrigation and dressing of the parts must be persisted in.

Many cases of uterine cancer, unfortunately, are

not treated until the disease has made considerable inroads, and the chances of cure are very poor.

Dr. Chase's valuable paper shows that, even when it has reached the so-called inoperable stage, something more should be done for uterine cancer than to order vaginal douches and the internal administration of opiates. The use of the thermo-cautery is becoming recognized as a most effective method of treating uterine cancer, when the period for radical measures has passed. J. J. C.

AN UNNECESSARY EXPENSE OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO

The examinations of the College of Physicians and Surgeons are held at Toronto, Kingston and London, the examining board having to travel up and down the Province in order to hold examinations at these different centres. If these examinations were held at one centre only, candidates, not residents of that city, would pay the travelling and hotel expenses which they incurred while undergoing the test, and the expenses of the examining board would be considerably reduced.

It is doubtless convenient for the medical faculties of Kingston and London to receive the examiners of the College, instead of sending their students to Toronto, and it is natural that these medical faculties should strive in every way to help their own students, by lessening their expenses, and by having the

clinical examinations illustrated with such meagre clinical material as their pupils have had opportunities to study.

We do not think that any broad-minded physician of Ontario would put an obstacle in the path of a worthy candidate for the professional license in this Province; but there is no good reason why the College of Physicians and Surgeons of Ontario should spend the money of its members to coddle feeble or struggling medical faculties who do not provide a proper equipment or enough hospital material for carrying on the teaching of medicine.

J. J. C.

FORTY-THIRD MEETING OF THE CANADIAN MEDICAL ASSOCIATION

THE forty-third annual meeting of the Canadian Medical Association, held, under the presidency of Dr. Adam Wright, in the buildings of the University of Toronto, June 1st, 2nd, 3rd and 4th, was quite successful. About four hundred and thirty members registered. Over eighty papers were read. Dr. J. B. Murphy, Chicago, gave an interesting talk about the management of joint diseases. His remarks were copiously illustrated with photographs. Dr. Herringham, London, England, lectured acceptably on chronic Bright's disease. The symposium on exophthalmic goitre, in which Dr. McPhedran, Toronto, Dr. Beebe, New York, and Dr. Shepherd,

Montreal, discussed different sides of the subject, was an exhaustive presentation of a rare disease.

The festivities of the meeting were well planned and efficiently carried out. The members of the Association resident at Toronto entertained the visiting physicians at a smoking concert in St. George's Hall, May 31st. Dr. Bruce Riordan, Dr. Adam Wright, and Dr. Thos. B. Richardson presided in turn and introduced the speakers and singers. Among those who spoke were Dr. H. R. Casgrain, Windsor, President of the Ontario Medical Association, and Dr. L. P. Normand, President of the Quebec College of Physicians and Surgeons.

On Thursday, June 2nd, at 1 p.m., the members of the Association and their ladies went by steamer Turbinia to Port Dalhousie, and thence, by electric cars, to Niagara Falls. Luncheon was served on board the boat, and at the Clifton House, Niagara Falls, full justice was done to an excellent dinner. Returning, the party reached Toronto about 1 a.m. Friday. Though the weather was chilly for the season, there was no hitch in the proceedings of the Entertainment Committee, which were entirely successful.

On Saturday, June 4th, the members of the Association, their ladies and some friends, went by special C. P. R. train to Guelph. Arriving at 1 p.m., the party were entertained at luncheon by the managers of the Homewood Sanitarium. An opportunity was afterwards afforded to inspect in a leisurely way this well-appointed institution. The rest of the afternoon

was spent in sightseeing at the Guelph Agricultural College. Tea was served there, on the lawn in front of the buildings, by the young lady students of the Macdonald Institute, who provided a bountiful and well-prepared repast.

The medical profession of Guelph deserve great praise for this very notable addition to the pleasures of the forty-third annual meeting.

The next annual meeting of the Canadian Medical Association will be held at Montreal, under the presidency of Dr. George Armstrong of that city.

J. J. C.

WHO GOT THE MONEY AND HOW DID THEY GET IT?

In the name of economy, the proposal to have published in detail the accounts of the College of Physicians and Surgeons of Ontario was defeated (*vide* Announcement 1909-1910, page 380). Let every member of the College refer to this discussion and then turn to pages 295 to 304, where they can peruse such *vitally* interesting facts as the following:

Railway to Colborne	$2.55
Hotel and bus, Colborne	.75
Railway to Trenton Junction	.50
Bus fare and hotel bill, Trenton	1.00
Railway bill and hotel fare at Trenton	1.00
Railway to Belleville	.25

Oh, yes! waste the funds of the profession on page after page of such "tommy rot" as this. But,

as our good friend, the member for East Toronto, might say, "'Literatoor' comes high, my dear Fellows; there's another think coming to you." But keep mum on what you get out of it yourselves.

The Boys got the money by charging six days for a four days' session (see Announcement 1907-1908, page 233).

The Boys got the money by charging travelling days extra (see Announcement 1907-1908, page 233), in spite of the fact that the by-laws say "Necessarily absent from home." How many of them are "necessarily absent" half a day in travelling? Ask your representative how long *he* was "necessarily absent."

The Boys got the money by charging extra for Committee meetings *held during the session* (Announcement 1909-1910, page 322): "There were certain Committees had a meeting during the time of the session and were paid $15.00 for that meeting, *besides the general allowance.*" No wonder that Dr. Temple, who seems invariably to have fought for what is right, said to the Council, "We should try to show the public and our profession that we are not grafters." But had he any hope that the Council could, even if it would?

The Council is called to meet on Tuesday afternoon at two o'clock. This arrangement was evidently intended in the good *old* days, that now seem to be gone, to save the funds of the Council by permitting the members to leave home Tuesday morning and arrive in the city in time for the afternoon meeting.

In *those* days the travelling days were *not extra.* But, as Dr. Hardy said in his letter to us, and which appeared in our May issue, "The work of the Council has grown greatly." He did not tell us that the work was so great that the Council *had to* hold meetings *at night.* We learn from the Announcement that the members of the Council are so *zealous* and so *overworked* that they have to hold special Committee meetings even *the day before* the Council assembles (1909--1910, page 322); Dr. Moorhouse—"At the commencement of the last session this Committee (the special Committee on Reciprocity) were called to meet on Monday, *the day preceding the session.*"

What all-absorbing zeal! The idea of Dr. Temple trying to exhort *such* men to show the profession that they were not grafters! Would a detailed account show us how many more members rushed zealously to their duties on Monday or how many failed to tear themselves away on Saturday?

Pen cannot describe the anguish of that Monday —long labor of love—but we get a faint idea from this little gem conceived and brought forth by the special Committee called for *the day preceding the session* (page 295, Announcement 1909-1910): "The Committee on Reciprocity with Great Britain begs to report that they have met and discussed the question, and that, owing to the very great importance of the question, feel that it requires further time for consideration, and therefore requests that the Committee be continued. (Sgd.) Edmund E. King, Chairman."

"Full many a gem of purest ray serene
The dark unfathomed caves of ocean bear:
Full many a flower is born to blush unseen
And waste its sweetness on the desert air."

This Canadian flower would not blush if it could and could not if it would. This gem of purest ray serene we have rescued from the dark, unfathomed depths of the Announcement and the ruthless (?) hands of Dr. Temple, the Chairman of the Finance Committee, who righteously, we think, objected strenuously to paying $45.00 for it, thinking, quite properly, that that sum belonged to the profession.

We quote the section of the Finance Committee's report, page 332, Announcement 1909, referred to by Dr. MacCallum in last month's issue. The University representative is indeed smooth. He actually tries to bunco us to our faces: "Your Committee recommend that the indemnity to members for the present session be $120.00, and that members necessarily requiring additional days in travelling, to and from the meeting, be allowed $20.00 for each of such additional days. The usual mileage rate of five cents per mile each way is also recommended. For each day's absence from the meetings of the Council the sum of $20.00 shall be deducted."

The Boys were not satisfied to be paid for the four days that they were actually at the Council meeting, so they said, "Call it six for a starter." The next step was to make the remuneration $30.00 per day by this ingenuous little recommendation: but, for

fear that the profession should "get on to" it, they added "for each day's absence the sum of $20.00 shall be deducted." Does not this work out beautifully? *A member can be present but one day of the meeting and still draw* $60.00. Why cannot these men say plainly, "We are entitled to $30.00 a day" and not have to resort to such miserable subterfuge as this?

Perhaps the father of that foxy resolution would not care to have his name generally divulged any more than the new boy at the local boarding school.

"What is your name?" queried the master.

"George Jones."

"Who is your father?"

"Here, stop that!" cried the young hopeful. "That's what all the row's about at home."

Where is the Auditor? Does he ever investigate whether the members are entitled *by by-law* to the amounts they are paid? One of our County Judges recently made some rather severe strictures regarding auditors. We wonder what he would think of the finances of the Council of the College of Physicians and Surgeons of Ontario?

Of course, the members of the Council should be paid, and paid liberally, but why this overestimation of their services? This reminds us of the value placed by the little boy upon a certain bucket of water.

It is said of General Ingalls, U.S.A., that soon after the Civil War he visited a friend in the South. Taking a walk one morning he met a boy coming up from the river with a fine string of fish.

"What will you take for your fish?" asked the general.

"Thirty cents," was the reply.

"Thirty cents!" repeated the general in astonishment. "Why, if you were in New York you could get $3 for them."

The boy looked critically at the officer for a moment, and then said, scornfully:

"Yes, suh; en I reckon if I had a bucket of water in hell I could get a million for it."

Isn't the whole thing funny? W. A. Y.

THE 1910 MEETING OF THE AMERICAN MEDICAL EDITORS' ASSOCIATION

It can truthfully be said that the city of St. Louis, Mo., was during the week of June 6th full of quills and overrun with medical scribes. The 1910 meeting of the American Medical Editors' Association convened at the Planters' Hotel, June 4th and 6th, and never before in the history of the Association was the attendance quite as good or the interest taken in the deliberations quite as enthusiastic.

The American Medical Editors' Association includes in its membership over two hundred medical editors, representing the most influential medical publications of the United States and Canada. The meeting this year was under the presidency of Dr. W. A. Young, of Toronto, who at the opening session greeted the members present and bade them welcome. The programme, as it appeared in the June issue, was carried out in its entirety, only two or three papers having to be "taken as read," owing to their authors being unable, at the last moment, to get away

from home. The papers were of the very highest quality and the discussions lively and instructive.

The usual banquet was held on Monday evening, at the Planters' Hotel, when nearly one hundred covers were laid. At the guests' table, with the President, were President-elect (A.M.A.) Dr. Welch, of Johns Hopkins University; Col. Gorgas, retiring President of the American Medical Association; Dr. C. H. Hughes, of St. Louis, Chairman of the Local Committee of Arrangements; Dr. H. O. Marcy, of Boston, the oldest living President of the American Medical Editors' Association; Dr. Joseph MacDonald, Jr., of New York, President-elect of the American Medical Editors' Association; ex-President Dr. C. F. Taylor, of Philadelphia; Surgeon-General Wyman, of the United States Hospital Marine Service; Mr. Frederick L. Hoffman, statistician of the Prudential Life Insurance Company, Newark; Hon. I. V. Barth, of St. Louis; ex-President Dr. T. D. Crothers, of Hartford, and ex-President Dr. Winslow Anderson, of San Francisco. The addresses delivered at the banquet were excellent, being interspersed with vocal selections from a splendid quartette. A presentation of sterling silver was made to President-elect Dr. MacDonald, of New York, in acknowledgment of his untiring and unselfish services as secretary-treasurer of the Association for the past eight years. Dr. MacDonald was taken entirely by surprise and made a most feeling reply, thanking the Association for their token of goodwill and assuring one and all that what he had done

in the past was as nothing to what he intended to try to do in the future. For the first time in the history of the Association ladies were guests at the banquet, and their presence, in lovely evening gowns, added a new charm to an always delightful social event. The banquet closed with the singing of "Auld Lang Syne."

A great part of the success of the meeting was due to the kindness and the untiring efforts of Dr. C. H. Hughes, of St. Louis, who left no stone unturned to give the members a thoroughly enjoyable time.

Messrs. Haley and Sultan very kindly entertained the members to a two hours automobile drive around Forest Park, on Sunday afternoon, a courtesy which was greatly appreciated. W. A. Y.

"THE MONTREAL MEDICAL JOURNAL" BECOMES "THE JOURNAL OF THE CANADIAN MEDICAL ASSOCIATION"

President—Dr. George E. Armstrong. MONTREAL
General Secretary—Dr. E. W. Archibald....MONTREAL
Chairman Finance Committee—Dr. James Bell
..... MONTREAL
Editor—Dr. Alexander McPhail.... MONTREAL
Place of meeting, 1911 MONTREAL
Journal.....The MONTREAL Medical Journal

What a scoop for Montreal!

Has the Canadian Medical Association become a Montreal institution? From the above table it would look a little that way, wouldn't it?

Where does the University of Toronto come in, and is it not rather a pity that our National Association, which seems to have come back to life more or less, should become so intimately associated with McGill university interests?

These are somewhat pertinent questions, in view of the adoption by the Canadian Medical Association last month of the report of the Executive Committee, recommending the Association to definitely establish an official organ by leasing the *Montreal Medical Journal* and paying six per cent. interest on an invested capital of six thousand dollars.

It seems too bad that our Association must acknowledge its inability to establish a journal of its own, instead of leasing another publication (the official organ of McGill University) at a cost of *one dollar* per day.

We feel that this is a mistake from first to last and that the Canadian Medical Association have entered upon a course that is, to say the least of it, unwise. W. A. Y.

THE AMERICAN MEDICAL ASSOCIATION

To those who attend regularly from year to year the annual meeting of the American Medical Association, the privilege and pleasure are difficult to fittingly express in curt phrase.

There is always much in community of spirit, more of profit perhaps in communion of minds allied

by study and life work until akin in viewpoint; and, in the acquaintance that ripens into friendship with the years, there is most of all.

About four thousand doctors registered at the 1910 meeting in St. Louis, and the large Odeon Theatre, where the opening session was held under the retiring President, Col. Gorgas, and the President-elect, Dr. Welch, was crowded. Never did finer speeches grace an occasion. The Governor of the State of Illinois seemed to touch every point at issue and that might be of interest to the medical men of the United States. The Mayor of the city of St. Louis gave the visitors a hearty welcome, and each speaker acquitted himself most fittingly. The various sections, into which the meeting then divided itself, were full of interest to their devotees and were attended faithfully, though, to be truthful, perhaps this close adherence to duty was partially due to the disagreeable weather experienced. Some of the epithets hurled at the comet and the sky fireworks would be somewhat rude to repeat; suffice it to say we did not see any saintly souls sitting around quoting Whitcomb Riley's little rhyme,

"When God sends rain—then rain's my choice."

The visitors simply used strong short words conveying their thoughts, without necessitating a musical accompaniment. The weather conditions were certainly, to say the least of it, most unfortunate, there being only one and a half days that were anything like being fine and warm. The Entertainment

Committee had prepared a series of delightful social events, so that we feel more sorry for our kindest of hosts than we can think of doing for our own disappointment. With all due respect to the Hotel Committee, we must admit that there was considerable ground for the grumbling heard in reference to the extravagant prices charged by the majority of the better hotels, rates which, we are given to understand, were considerably in advance of those usually charged at this season of the year.

It was a great disappointment to the Canadians who attended this year's meeting of the American Medical Association that, owing to the dates chosen by the Canadian Medical Association and the distance lying between Toronto and St. Louis, it was impossible to be present at both conventions. We earnestly trust that another year the Committees having charge of this detail will see to it that the dates of the C. M. A. and the A. M. A. do not clash. As we took opportunity of expressing ourselves editorially years ago, we still look forward to the day when the Canadian Medical Association and the American Medical Association may be merged into one great Medical Association of America, which will meet annually and stand before the world as a unit, for the uplifting of a high standard of attainment in medical science and will lead the vanguard of original medical research.

W. A. Y.

Editorial Notes

Highly Colored Confectionery

Bulletin No. 200 (Laboratory of the Inland Revenue Department, Ottawa) contains a report upon 149 samples of candy, purchased throughout Canada in December last. This inspection, we are informed, had special reference to the freedom of the coloring matter used in dyeing candies from metallic impurity, and in particular from arsenic. The report says: "It is gratifying to find that only a single sample gave any reaction for arsenic, and this a quite negligible trace, entirely harmless." The report emphasizes the importance of keeping candy in close receptacles, instead of covering it with a piece of muslin. Several of the samples were dirty and fly-specked, evidently having been exposed in the shop. The sugar used in the cheaper grades of candy contained from 50 to 70 per cent. of cane sugar for the softer varieties, and from 70 to 85 per cent. for the harder kinds. The other ingredients were of a harmless character.

Friars' Balsam (Compound Tincture of Benzoin)

Bulletin No. 199 (Laboratory of the Inland Revenue Department, Ottawa) contains the results of the analysis of seventy samples of Friars' Balsam (Tincture Benzoini Composita), collected throughout Canada in September and October of last year.

This preparation is used for many conditions requiring antiseptic, astringent and stimulating dressings. It is often applied to wounds of the skin, the alcohol evaporating and leaving upon the injured parts a protective film of balsams. A piece of lint or absorbent cotton saturated with the compound tincture of benzoin has been used to close the punctures of the skin after tenotomy. The compound tincture, diluted with water in various

proportions, is used as an application in catarrhal affections of the pharynx and larynx, and to relieve the hoarseness of vocalists and public speakers.

The report says: "The tests prescribed by the British Pharmacopeia are:

"1. Specific gravity, about 0.900.

"2. Total solids, 17 to 18 per cent.

"3. Absolute alcohol, about 75 per cent.

Tinctures made in the laboratory at Ottawa according to B. P. directions, gave results as follows:

Time of maceration	2 Days.	3½ Days.
Specific gravity	0.8981	0.8924
Total dry solids	14.6	15.4
Alcohol (vol. p.c.)	74.32	74.96

It will be noted that even the tinctures made in the Ottawa laboratory did not yield the amount of dry solids required by the B. P. (viz., 17-18 p.m.). A percentage of 17 was only reached in seven samples of the tinctures analyzed. Solids varied from 8.6 to 19.46 per cent., five (5) samples containing less than 10 per cent. The alcohol used was generally of proper strength, and was genuine in 69 samples. One sample was made with methyl alcohol. The report shows that Friars' Balsam, as dispensed in Canada, is generally trustworthy.

Some Views on Hygiene Held by Benjamin Franklin

The American philosopher, Benjamin Franklin, says Dr. William Pepper in the April, 1910, number of the *University of Pennsylvania Medical Bulletin,* evidently advocated an open-air mode of life, making people swallow down the bitter pill by giving it a sugar coating of jest or humor. So we find him in his bagatelle, "The Art of Procuring Pleasant Dreams," telling us: "It is recorded of Methusalem, who, being the longest liver, may be supposed to have best preserved his health, that he slept always in the open air, for, when he had lived five hundred

years, an angel said to him, 'Arise, Methusalem, and build thee an house, for thou shalt live yet five hundred years longer.' But Methusalem answered, and said: 'If I am to live but five hundred years longer, it is not worth while to build me a house. I will sleep in the air, as I have been used to do.' '' The modern treatment of tuberculosis may have been based on this view of Franklin's. The taking or catching of colds was a favorite topic of Franklin's, and his nearest approach to a real medical article is on this subject. He repeatedly stated, that colds were caught by being in close, unventilated rooms, in which were other people who, possibly, were already afflicted. He recognized the epidemicity and contagiousness of colds. He thought that damp clothes might cause colds, but that clothes wet with sea water would not, because, as he says, no clothes could be wet as water itself, and we do not catch cold while bathing and swimming.

The Legal Responsibilities of Hospital Authorities

Are the trustees of public hospitals responsible for injuries sustained through the negligent conduct of an operation done at their hospital? According to the decision of the Court of Appeal in Hellyer v. the Governors of St. Bartholomew's Hospital (London), 1909, 2 K.B., 820, the governors were not responsible for injuries sustained by the plaintiff, and the action did not lie.

Similar decisions have been given in McDonald v. Massachusetts General Hospital (21 American Rep., 529), and in Glavin v. Rhode Island Hospital (34 American Rep., 675). The result arrived at in these decisions appeared to be that the authorities of public hospitals do not undertake the duties of physicians, but they do undertake to see that the patients shall have competent medical advice and assistance. They must also take reasonable care to assure themselves that the surgeons, physicians and nurses employed at their hospital are competent,

and that proper apparatus and appliances are supplied. The nurses and others assisting at an operation cease, for the time being, to be the servants of the governors of the hospital, as they are under the sole orders of the operating surgeon, who, until the operation is completely finished, is supreme. From English and American judicial decisions, it would appear, therefore, that responsibility for damages for injuries sustained through the negligent conduct of an operation at a public hospital rests with the operating surgeon.

Low Body Temperatures in Health and After Fever

Dr. J. Cautlie remarks (vide the *Journal of Tropical Medicine and Hygiene,* March 15, 1910,) that the subject of low body temperature has never been systematically dealt with, either clinically or physiologically, and it may be that there is little to be learned therefrom. From observations made on his own temperature in a tropical climate, he found that at 12 noon and 12 midnight the temperature was 98.4° F.; that in the early morning, 5 to 7 a.m., the average temperature registered from 96.8° F. to 97° F., and that the temperature gradually rose until it reached normal at noon. During the afternoon the temperature rose until it attained from 98.6° F. to 99.2° F., and fell gradually until it reached normal at midnight. Dr. Cantlie thinks that the temperature of the body demands further investigation by physiologists, for it seems that our knowledge of body temperature in health is limited to two facts: (1) That at 12 noon and 12 midnight, the temperature is 98.4° F., and (2) that an increase to a small extent occurs after noon, and a fall to a more marked extent occurs after 12 midnight. The extent of these variations in the present state of our knowledge is mere guesswork, and more especially are we ignorant of the after-midnight decrease. There is therefore a considerable fluctuation of body temperatures in health; but it is remarkable, how the early morning fall in health below normal is out of proportion

to the small increase of temperature in the afternoon hours.

In febrile conditions, Dr. Cautlie contends, from a study of 80 temperature charts, that the increase and subsequent fall of temperature is in relation of ten to one; that is to say, that for every degree of temperature above normal there is a subsequent fall below normal of one-tenth of a degree Fahrenheit. He says: "That there must be such a fall seems inevitable, for the expenditure of heat seems to require a subsequent conservation of body heat to compensate for the previous loss. A long-continued high temperature is succeeded by a long-continued low temperature, to an amount corresponding to the previous increase and consequent loss of heat, just as a temporary accession of temperature is immediately succeeded by a temporary fall below normal."

As some patients have their thermometers in constant use, they should be told that their attack of fever will be followed by a low temperature, and that they must not be alarmed, if their morning temperature and their evening temperature as well fail to reach anywhere near normal. Dr. Cautlie thinks that, while the temperature remains below normal in patients recovering from fever, "tonic" treatment is required, whether in the shape of drugs, food, or perhaps stimulants.

J. J. C.

PERSONALS

Dr. Stanley Ryerson, of 143 College Street, Toronto was married on June 15th. The JOURNAL extends hearty congratulations.

Dr. C. R. Dickson has received the appointment of Secretary of the Canadian Red Cross Society, vice Dr. Chas. Hodgetts, resigned.

Dr. E. C. Burson, of Toronto, is to be congratulated on his marriage last month to Miss Gooderham, daughter of Colonel Gooderham.

Among the Toronto physicians who expect to attend the meeting of the British Medical Association at London, Eng., this month are Drs. H. A. Bruce, F. N. G. Starr and Adam H. Wright.

The marriage took place at Rochester, Minn., on May 28th, of Dr. Don Balfour, a prominent young physician practising at Hamilton, Ont., to Miss Carrie Louise Mayo, daughter of Dr. J. W. Mayo, the well-known surgeon.

Correspondence

The Editor cannot hold himself responsible for any views expressed in this Department.

LETTER TO DEAN, MEDICAL FACULTY, UNIVERSITY OF TORONTO.

May 6th, 1910.

Dr. Clarke, Dean Medical Faculty, University of Toronto:

DEAR DOCTOR CLARKE,—As Dean of the Medical Faculty of the University of Toronto may I ask you to kindly instruct Dr. James M. MacCallum, the representative of the University of Toronto to the Medical Council, to have access to the books of the College of Physicians and Surgeons?

As you are aware, the Medical Council has been subjected of recent months to considerable criticism regarding their business methods, and, judging from the support we have been receiving from the medical profession all over the Province, our humble efforts to straighten out such matters have met with universal approval. The writer has been given to understand by both the President and the Treasurer of the College of Physicians and Surgeons that the only way we can have access to the books is through one of our representatives in the Council.

Could you conveniently let me hear from you by as nearly return mail as possible, as the month of May is running away very quickly and we are anxious to get certain material ready for the June issue?

With the writer's kind regards.

Yours very truly,

W. A. YOUNG,

Managing Editor.

REPLY FROM DEAN, DR. CLARKE.

Toronto, May 16th, 1910.

Dr. W. A. Young, Managing Editor CANADIAN JOURNAL OF MEDICINE AND SURGERY:

DEAR DR. YOUNG,—In reply to yours of 6th, I would say that there is not the slightest reason why Dr. J. M. MacCallum should not supply you with all data regarding the Medical

Council which he thinks might be of interest to the medical public. There should be nothing to conceal in regard to questions which affect the whole medical profession.

Yours truly,

C. K. CLARKE, *Dean.*

DR. JAMES MACCALLUM'S REPLY.

DEAR DR. YOUNG,—I am in receipt of your letter to the Dean of the Medical Faculty, asking him to instruct me to furnish you with information concerning the finances of the Ontario Council, and his letter in reply.

For you there is a proper way to obtain this information, viz., by having your representative ask upon the floor of the Council for a return giving it.

I am on record as favoring the publication in detail of these accounts. I shall again move in the Council that they be so published. As a member of the Council I am entitled to the information you ask for, and I shall get it, for my own use—not for yours. I do not think it fair play not to give accused members a chance for explanation. Accusations, though disproved, live in the public memory as facts.

The genius who evolved the scheme of increasing the indemnity of members of the Council, by calling the sessions a six-day session when it is only four, should get out before the electorate put him out in October next. A bright future awaits him in the realms of "frenzied finance." There can be no defence of this scheme. Whether the members are entitled to more than $20 a day is a matter for difference of opinion. There may also fairly be a difference of opinion as to how much time should be allowed for travelling. I find it hard to believe that the majority of the members have charged a day coming and a day going. That means a very serious annual inroad on the funds of the Council.

You have asked why I did not have the moral courage to move to have the matter investigated. The report that I furnished you with shows that, when I proposed to do so, the President declared that he would rule me out of order. What would you have me do? Heave a brick at the presiding officer, when he declares me out of order? Does moral courage require

that under such circumstances I should slug him, or accept his rulings? Which?

I shall get all the information that I can, and shall use it in the Council itself in the effort to correct any abuses which may have crept in. I believe that the Council will itself correct any abuse to which its attention is called. That is "the red herring" I "am drawing across the track"; that is my "little game," which you are so desirous of knowing. If it does not do so, it can be left to you, Mr. Editor, and to the profession to see to it that the necessary changes are made at the next election, in the personnel of the Council, which will put an end to any and all abuses.

You have been breathing forth vituperation and philanthropic offers to the Council. Here's a sporting offer to you of the dollars to doughnuts kind which should appeal to you: If I prove wrong in my belief that the Council will itself correct any abuses found to exist I will give you all information to which, as a member of the Council, I am entitled. If I prove to be right you will kindly repeat in extra large type the belief of your correspondent that I am a champion log-roller, and your own belief already publicly expressed that I am smooth—and very, very mild-mannered. I need your certificate that I am not the wild man-eating cannibal from Borneo.

JAMES MACCALLUM.

LETTER FROM DR. J. S. HART, MEMBER FOR WEST TORONTO TERRITORIAL DIVISION.

Toronto, June 17, 1910.

To W. A. Young, M. D., Managing Editor CANADIAN JOURNAL OF MEDICINE AND SURGERY:

DEAR SIR,—In the June issue of the JOURNAL, in your editorial on the finances of the College of Physicians and Surgeons, you quote a conversation with me. I am quoted as saying that to make public the details of Council finance would be embarrassing to me. I am warned also that I may be more embarrassed should I appear before my constituents with my reticence unexplained.

I placed myself in a very false light before you in that conversation if I did not make you understand that I had only one cause for hesitation in yielding to your request—consideration

for the proprieties of procedure. My embarrassment was not that I feared any disclosure regarding myself, but that, if there should be any member of the Council not wishing such information as you desired being published he should not be able to say that I had improperly, when the Council was not in session, divulged what, as an individual member, was not my right to make public.

I would like to say also that I conferred with those versed in parliamentary procedure, and was confirmed in my opinion that the proper course was to wait the next meeting of the Council.

I wish you every success in your effort to discover "who got it," and, notwithstanding the "fling" you took at me, I shall go on working toward the same end, but in my own time and way.

I should greatly appreciate the confidence of yourself and all my other constituents, but can only secure that regard by following my own best judgment.

J. S. Hart.

W. A. Young, M.D.:

Managing Editor Canadian Journal of Medicine and Surgery:

Dear Sir,—In the June number of the Journal you make some very pointed remarks, and I mistake very much the temper of the medical profession in Ontario if they are not all very anxious to know where that twenty thousand dollars went to between the years from 1907 to 1909. At the same time it will be well to remember that the life of the medical profession in any Province is bound up in its Medical Council. And if an annual assessment of two dollars is not sufficient for the necessary and lawful expenses of this Council, let the annual assessment be increased. But before we go in for this increase is it not possible to very much reduce the expenses of this Council? We need not increase the fees charged to the students (God knows they are already heavy enough). But we can very materially lessen the expenses connected with the examinations. Unless as a position to a friend or a matter of graft the office of examiner is very much overdone. Some thirty years ago the examinations were

divided into primary and final. Why is it necessary to maintain this?

Mr. Editor, are the examinations in the primaries not very much uncalled for? Let there be four examiners who will examine on the four final subjects, viz., Medicine, Surgery, Midwifery and Hygiene. Cut out all the other subjects, and when a man has made his fifth year and is ready for his life work, with the diploma of his alma mater in his hand, let him pay all the required fees in a lump sum and come up for examination. Let them all come up to Toronto at the same date and be examined clinically and orally, thus saving the fees and travelling expenses of the balance of the thirty examiners who are now on the Examining Board.

The members of our Council tell us that the more technical subjects of the medical curriculum can only be successfully examined by men who are engaged in teaching those subjects. True, no doubt. Then why not accept the men who have received the approval of their universities? Are the universities less honest than individuals? The Council exists primarily for the benefit of the medical profession, but, if it does not go further an intelligent public may very much restrict its usefulness. Our charter is watched with jealous eyes, and if we once acquire the reputation of being grafters we will find that all our troubles are part of our own making. Yours truly,

W. J. Derby.

Plantagenet, Ont., June 6th, 1910.

Obituary

THE LATE DR. SECORD OF KINCARDINE

THE following tribute to the memory of the late Dr. Secord, of Kincardine, appeared recently in The Toronto Star and is worthy of reproduction. The editorial is entitled "The Country Doctor":

"Up in Kincardine they are telling many a touching story anent the big, kindly heart of Dr. Secord, who died there the other day. They are thinking of a monument for him. It is remarked that 'he had no passion for making money, and no genius for saving it,' yet he was held in such esteem that the *Review,* offhand, is able to recall a baker's dozen of Kincardine boys who were named after him.

"The country doctor of the old type is a passing figure in Ontario, but his picture is enshrined in many hearts. To be sure there was nothing businesslike about these Doctor Secords. They let their clothing run to seed. They had old-fashioned ideas. But their patients swore by them, and their relation to the families in which they ministered was more than that of physician; it was that of counsellor and friend. And often the counsellor and friend 'forgave' the debt that the physician had piled up.

"There were no automobiles then, and the roads were not those of to-day, but miles away a new life was to see the light, and the doctor went out through the storm. It is vain to conjecture what thoughts were his as he drove out into the night. He had much to think upon, for the secrets of a whole community were in his keeping, and he kept them well. He shared with man's Maker the knowledge of man's infirmities.

"It is all, in a limited sense, true of the physician of to-day. But the alert city doctor, with all his equipment of instruments and learning, with his modern methods, with his quick decisiveness, lacks, by the very nature of city life, that intimate knowledge of his patients which contributed so much to the old 'family doctor's' success. He prescribes, sometimes, over the telephone. His visits are hurried. He cannot know the life of his patients

as the Doctor Secords knew it. And all his training and resource and power of analysis may be foiled at the critical moment by the bit of history that he was never told.

"Dr. Secord, of Kincardine, was apparently a grand old man, very human, too outspoken, perhaps, but much beloved. The *Review* remarks that 'he kept up to the times so far as he regarded it as progress, but he refused to be stampeded by fads. He was not opposed to surgical operations as such, but you could depend upon this—if he recommended it there was nothing else left. He was vehement in his antagonism to the knife as a rule, but tolerant to its use as an exception.'

"In 'The Experiences of a Backwoods Preacher,' the Rev. J. H. Hilts reveals the kindly nature of the man:

" 'He attended me and my family during the nine years of our residence in that town, and when I would ask him about his bill he would turn off to some other subject, but before I left the place I told him I would like to know how matters stood between us. He said: "You owe me nothing; I am working my way to kingdom come by doctoring old ministers free of charge." I hope he may succeed in reaching that place; but I also hope that he may not find another "old minister," or young one either, that will draw as largely on his good nature and his science as I have done.'

"There could be no better monument to this and other Dr. Secords than the stories which are told of their faithfulness, their kindness, and their sympathy. Their methods were antiquated, their manners were sometimes rough, but their hearts were warm, and many there are who revere their memory."

THE DEATH OF PROFESSOR KOCH, THE EMINENT BACTERIOLOGIST

THE greatest bacteriologist of the age, in the person of Professor Koch, died on May 27th at Baden Baden from heart disease. There is no doubt that it is largely due to him that science rests to-day on a firm basis. Dr. Koch was born in Klausthal, Hanover, in 1843. He studied medicine at Gettingen, and prac-

tised at Rockwitz and Wolstein. It was in the latter place that he began his researches in bacteriology.

As early as 1876 he isolated the anthrax bacillus, and later proposed a method of preventing that disease by inoculation. In 1882 he discovered the tuberal germ, and next year, while chief of the German commission sent to Egypt and India to investigate cholera, discovered the cholera spirillum, or coma bacillus. In 1885 he became a professor at the University of Berlin, and prosecuted there his researches in tubereulosis. In 1890 the report got abroad that Dr. Koch had found a cure for consumption and physicians and patients flocked to him.

In 1905 Dr. Koch was awarded the Nobel prize for his achievements in physiology, and in the same year went to Africa to study sleeping sickness. He was the author of many works on bacteriology.

News of the Month

A GREAT VICTORY FOR THE M. J. BREITENBACH CO., MANUFACTURERS OF GUDE'S PEPTO-MANGAN

As, in the realm of logic, one fact is worth a thousand theories, so, in connection with the practice of substitution by the druggist, one concrete instance will more clearly convince the physician of the reality and prevalence of this evil than will many arguments. In Montreal, Canada, one H. H. Lyons, who conducts three retail drug stores, and who calls himself the "King of Cut-rate Druggists," has evidently been a persistent offender. Before a police magistrate of the city mentioned he was recently convicted of the criminal offence of attempting to obtain money under false pretences, in that he deliberately dispensed a preparation of iron and manganese of his own manufacture instead of Pepto-Mangan, which was plainly specified on the physician's prescription. The evidence in the case was so definite and conclusive that the presiding judge had no hesitation in finding the defendant criminally guilty. Much credit for this exemplary result must be accorded to Messrs. Leeming-Miles Co., Ltd., Canadian agents for M. J. Breitenbach Co., manufacturers of Pepto-Mangan, who obtained and caused to be presented the evidence necessary to bring about this conviction. It is to be hoped that the laws in the United States may be modified to conform substantially to those of Canada, and thus permit the prosecution and conviction of such offenders under the criminal statutes.

DR. DONALD ARMOUR'S SUCCESS

At the recent dinner in London, England, held by the Canada Club, the gentleman presiding was Dr. Donald Armour, still remembered by the students of the early nineties as "Don" Armour. Dr. Armour went through his course in medicine at Toronto, and then, after the custom of young Canadian medicos,

who can scrape up the resources, took a post-graduate course abroad. His success as a student was so phenomenal that England refused to part with him. He has practised his calling with ever-growing fame. His intellectual capacity is inherited, for he is the son of the late Chief Justice Armour, one of the most clear-headed and able jurists that this continent has produced. He was born at Cobourg, Ont., in 1869, and educated at Upper Canada College and Toronto University. He is entitled to append to his name "M.B., M.R.C.P., F.R.C.S." In 1904 he was appointed Arris and Gale lecturer at the Royal College of Surgeons, London, England, a most important position; and two years later was awarded the Jacksonian prize in surgery in the same institution. In 1908 he was appointed Hunterian professor in surgery at the Royal College of Surgeons. He is in frequent requisition as a consulting surgeon where intricate problems are involved, and is Surgeon to the National Hospital for the Paralyzed and Epileptic, to the Belgrave Hospital for Children, to the West London Hospital, and also to the King's Colonial Yeomanry. He married Miss Louise Mitchell, of Washington, D.C., U.S.A.—*Toronto Saturday Night.*

BOOK REVIEWS

Examination of the Function of the Intestines by means of the Test Diet; its application in medical practice and its diagnostic and therapeutic value. By Prof. Dr. Adolf Schmidt Halle, A.S. Authorized translation from the second revised and enlarged German edition by Charles D. Aaron, M.D., Professor of Diseases of the Stomach and Intestines, in the Detroit Post-Graduate School of Medicine; Clinical Professor of Gastro-enterology in the Detroit College of Medicine; Consulting Gastro-enterologist to Harper Hospital, etc. Philadelphia: F. A. Davis Company, Publishers. 1909. Net, $1.50.

This second edition of the Test-diet in Intestinal Diseases is a decided improvement on the previous issue. It is enlarged from 91 to 126 pages, and instead of one plate with three figures we have three plates with fifteen figures.

In Prof. Schmidt's methods inspection is more relied on than any other method, and no complicated laboratory work is undertaken or required. There is nothing but any physician may do, as the methods are all simple.

Professor Schmidt draws many practical conclusions from his examinations, and we are sure this work will prove very useful when the physician is trying to work out problems connected with the stomach, liver, pancreas and intestinal canal.

W. J. W.

White Magic. By David Graham Phillips. Illustrated. New York: D. Appleton & Co.

The author seems to be trying to play on a harp of one string. While his melody lacks variety, it nevertheless is "love's own sweet song," but a new setting. Those who cling to old melodies will not like it. Those who like a surprise will find this story a prize package.

W. A. Y.

Esquisses Cliniques de Physicotherapie (Clinical outlines of physicotherapy). Traitement rationnel des maladies chroniques. le Docteur J. A. Riviere. Bouchy et Cie., 11 Rue Hélène. 1910.

This work of Dr. Riviere takes its place among those publications devoted to the advocacy of natural therapeutics. He calls to the attention of his readers the fact that therapeutic agents are in fact nowise different from pathogenic ones; they differ only in their dosage. Therapeutic agents are physical, chemical, or biological. The first have been generally neglected in therapeutics. It is only in recent times that their utility has been recognized and their field of action enlarged; their employment to-day constitutes a therapeutic agency widely extended and of great importance. The work has for its object to render popular the personal ideas of the author, founded upon an experience of twenty years. Impressed by the universality of the law which rules in nature, he accords to the *vix medicatrix naturae* a role of great importance in cure. He argues that if in the normal state the human machine has a power to maintain health one should expect that when derangement occurs it would have power of elimination of residual products and toxines to permit the human machine to return to its normal state. Physicotherapy finds its explanation in the increased activity of normal cells; the waste products are set free from the system and the scavenger work is rendered active. Water and elementary activity are as necessary for the cure of chronic affections as they are indispensable in the treatment of acute maladies.

In a methodical manner this book brings together the views upon physicotherapy of which the author has been a pioneer. Eleven chapters set forth the therapeutic use of electricity, air, light, water, heat, movement. The fifteen following chapters treat the affections of infancy, of anemia, of pulmonary and cardiac affections, of arthritis, neurasthenia, obesity, arteriosclerosis, diseases of the digestive tract, of the skin and of the uterus. An important chapter is devoted to the physicotherapeutic treatment of cancer, and the volume closes with interesting considerations of the moral element as affecting disease.

The book is a fair representation of the modern view which tends to press drug treatment somewhat into the background and

to bring into the light the conditions which permit nature to assert herself by the removal of the barriers which prevent her normal action. B. E. M.

Cancer of the Womb; Its Symptoms, Diagnosis, Prognosis and Treatment. By Frederick John McCann, M.D. (Edin.), F.R.C.S. (Eng.), M.R.C.P. (Lond.); Physician to In-Patients, Samaritan Free Hospital for Women, London; Lecturer on Gynecology, Medical Graduates' College and Polyclinic, London; Honorary President Section of Obstetrics and Gynecology, Fifteenth International Medical Congress, Lisbon, 1906. London: Henry Frowde, Oxford University Press; Hodder & Stoughton, Warwick Square, E.C. 172 pages and 46 illustrations.

Dr. McCann states that in this book he has endeavored to give a concise account of our present knowledge in regard to cancer of the womb, each type of the condition being illustrated by one or more clinical instances and a plate representing a microscopical section of the growth. The first chapter is devoted to a detailed description of the anatomical conditions present in the uterus. As regards the etiology, the majority of pathologists are now of opinion that cancer is a disease of the epithelium characterized by excessive and atypical growth, together with, in the later stages, an inflammatory reaction in the stroma of the affected tissue, and the various hypotheses which have been advanced from time to time in explanation of this epithelial growth are dealt with. In this connection the author protests against instruction of the general public in the early signs and symptoms of cancer, owing to the fact that it can only give rise to injurious mental disturbance, especially in women. Uterine cancer is discussed under the principal headings of "Cancer of the Cervix" and "Cancer of the Body of the Womb." Dr. McCann emphasizes the importance of a due appreciation of the initial symptoms of the disease in view of the fact that many cases may be cured if operation is undertaken at an early stage. In the chapter on surgical treatment of uterine cancer he describes supra-vaginal amputation of the cervix, abdominal total extirpation of the cervix, vaginal hysterectomy, and Schuchardt's operation. He advocates the extended abdominal operation as

practised by Wertheim and others, owing to the fact that the majority of recurrences are localized to the vaginal scar, and recommends that in future the upper half of the vagina should be removed in all operations for cancer of the cervix, whether undertaken by the vaginal or abdominal routes. The treatment of inoperable uterine cancer is then considered, and the book concludes with a chapter on the after-treatment of operations. Some of the plates illustrating the book are extremely good. It may be procured from the Canada Law Book Company, 32-34 Toronto Street, Toronto, at 40% discount.

Student's Handbook of Operative Surgery. By WILLIAM IRELAND DE C. WHEELER (Mod.), B.A., M.D. (Dub. Univer.), F.R.C.S.I.; Surgeon to Mercer's Hospital; Member of Council, Royal College of Surgeons, Ireland; ex-Demonstrator of Anatomy, Trinity College, Dublin. Second edition. London: Bailliere, Tindall & Cox, 8 Henrietta Streeet, Covent Garden. 1910. Crown 8vo; 296 pages; 157 illustrations. Price, 7s. 6d. net.

This book has been carefully revised and brought up to date, short descriptions and illustrations of several operations which were not mentioned in the previous edition having been added, together with about fifty new drawings. The book will prove useful to students who are preparing for the preliminary examinations in practical surgery. H. A. B.

Anatomy and Physiology for Nurses. By LEROY LEWIS, M.D., Surgeon to and Lecturer on Anatomy and Physiology for Nurses at the Lewis Hospital, Bay City, Michigan. Second Revised Edition. 12 mo of 344 pages, with 161 illustrations. Philadelphia and London: W. B. Saunders Company. 1910. Cloth, $1.75 net. Canadian Agents: The J. F. Hartz Co., Ltd.

The second edition of Dr. Lewis' work has been considerably enlarged and thoroughly revised. It contains a great deal of useful material for nurses during their course of study. The author has very wisely made the text as simple as possible, and at the same time quite comprehensive in character, and we can heartily commend the book to both probationers and graduates.

The Canadian Journal of Medicine and Surgery

A Journal published monthly in the interests of Medicine and Surgery

Vol. XXVIII TORONTO, AUGUST, 1910 No. 2

Original Contributions

OPENING OF THE ANTRUM AND THE RADICAL MASTOID OPERATION UNDER LOCAL ANESTHESIA

BY NEWBOLD JONES, M.A., M.D.

Late Voluntary Assistant, Politzer Clinic, Vienna, and Prof. Axenfeld's Clinic, Freiburg, Germany; Assistant Surgeon to the Eye Department of St. Michael's Hospital, Toronto.

DURING my work in the Politzer Clinic, I had the pleasure of assisting Dr. Neumann in two Radical Mastoids under Local Anesthesia. Though his methods may not be of practical benefit here in Canada, yet a review of the previous literature on the subject, and an account of his mode of operating would, I thought, be of interest.

After Schleich, in 1894, demonstrated that the opening of the mastoid process under local anesthesia was practicable, provided that the sclerosis of the mastoid cells was not too pronounced, the usefulness of this method was accepted by some and rejected by others.

Hoffman, at the fifth meeting of the German Otological Association in Dresden, reported the use of Schleich's method in some cases. Owing to the chiselling and use of bone forceps being disagreeable to the patient, he had given it up. He also reported headache, lasting for some days after the operation, and attacks of vertigo.

In 1894, Noack (*Munchener Medizin, Wochenschrift,* page 135) reported his findings. He says: " In contrast to Schleich's expec-

tations, it was my experience in several cases that the infiltration by itself was not sufficient. I could not bring about anesthesia of the deep parts of the bone. Although I had reached the tympanic cavity, I was compelled to have resource to chloroform. I scarcely believe that this method, in conditions where we have to do with a deep process, can completely fulfil its purpose, since in this case we come in contact with nerve fibres, the anesthesia of which cannot be accomplished by the cocainizing of the periostium."

Braum, in 1897 (Uber Infiltrations Anaesthesie und Regionare Kokainaesthesie—*Zentralblatt für Chirurgie,* No. 17, page 482) reported that he had performed the opening of the frontal sinus and the antrum of Highmore under local anesthesia.

Friedlander (Erfahrungen uber die Lokalanästhesie nach nach Schleich—*Wiener Klin Wochenschrift,* 1900) endorses Schleich's statement, namely, that on medullated bones, the periostium can be readily rendered anesthetic, whereby the bone will become the same.

In the year 1901, there followed a publication from the Politzer Clinic. Docent Alexander performed the opening of the mastoid, after Schleich, on eleven cases. A number of these showed a surprisingly favorable result. The analgesia was well-nigh complete. In other cases it happened that, on working in the deeper parts, especially the cleaning of the antrum, the patients experienced occasional slight pain, which made a fresh infiltration on the spot in question necessary. In the entire eleven cases, however, the operation was concluded under local anesthesia, and discharged from the clinic cured.

Alexander also attempted the radical under Schleich's method. In his publication he described it as unsuitable.

Schleich and also Scheibe (*Arch. F. Ohrenheilk,* Bd. 41, p. 72) reported the use of ethyl chloride in acute mastoid work. This method found no supporters.

Thies, of Leipzig (*Arch. F. Ohrenheilk,* Bd. 41, p. 72) used a 1 per cent. solution of cocaine, as did also Paul Reclus, of Paris (L'anesthesia localisé par la Cocaine).

Braun was the first to recommend the use of adrenalin with cocaine (in v. *Langenbecks Arch.* LX 1X Bd. Heft 2) in his work entitled " Concerning the reaction of the tissues to the toxic effects of a local anaesthetic, and concerning the importance of adrenalin in local anesthesia."

Heidenhein, in his article of 1904 (*Centralblatt fur Chirurgie,* p. 249) also pointed out the efficiency of the addition of adrenalin to the cocaine solution. He used one-half of 1 per cent. cocaine, with one or two drops of adrenalin, which within half an hour produced anesthesia of the soft parts, which lasted several hours.

Neumann, in his article in the *Zeitschrift für Orhenheil Kunde,* 1906, 41, Band II., Heft, reported 20 radical mastoids under local anesthesia. He also mentioned having opened the frontal sinus and the antrum of Highmore without pain.

It was in two of the above cases that I assisted Neumann, and having nothing original to report on this subject, I will content myself with giving you an account of his methods.

INDICATIONS FOR THE OPENING OF THE MASTOID UNDER LOCAL ANESTHESIA IN ACUTE MASTOIDITIS.

This method is only applicable in cases in which there is no subperiostial abscess. Under the latter condition, the pressure in the abscess cavity forces the fluid out of the passage formed by the needle, instead of being absorbed by the tissues.

Local anesthesia is contra-indicated in very nervous people. It is especially suitable in all cases with failure of compensation, advanced pulmonary tuberculosis, acute lung affection, diabetes and nephritis; in short, in all cases in which a general anesthetic is contra-indicated. The patient is prepared and shaved as usual. Reclus thinks it is specially important that the patient should have a good meal before the operation. Under this condition, he states, that no symptoms of poisoning appear.

The solution for injection consists of 5 c.c.m. of 1% cocaine, 12 drops of adrenalin, and 3 c.c.m. of physiological salt solution. This mixture should not be boiled. Following Braun's method, it is warmed to body temperature. Any small syringe is suitable, provided it has a strong needle. A good deal of the success of this operation depends upon the position of the injections. One must bear in mind where one does the most chiselling.

Five injections in all are made—three over the planum mastoideum and two on the anterior surface of the mastoid process.

Care must be taken to make the infiltration *directly over the bone.* This is easily accomplished when the periostium is only slightly adherent. It is much more difficult however, when it is

strongly adherent, which is generally so at the tips of the mastoid. In this case one must perforate the periostium at several points, so that if the subperiostial injection fails, we at least have the periostium well infiltrated.

The cocainization of the anterior surface of the mastoid process is very necessary. If one omits this in cases where there is caries of the posterior wall of the external auditory canal, the patient suffers considerably.

Two injections are made behind, at the line of insertion of the auricle, and parallel with the external auditory canal, taking as guide its upper and lower limits. Special care must be taken not to pierce the posterior auditory canal, and thus inject the solution into the external auditory meatus instead of infiltrating the anterior surface of the mastoid process.

After waiting fifteen minutes, one can begin the operation. The technique does not differ from that of the ordinary mastoid. For the radical mastoid, one uses the same strength solution, but slightly more is required. The injections over the mastoid process are the same as those already given for the acute mastoid. In addition to these, one requires four more injections, namely, over the four walls of the external auditory meatus. The complete anesthesia of the posterior wall of the auditory canal and the bridge is thus assured.

In cases where one encounters falling of the posterior superior wall of the meatus, through pus formation or cholesteatomata, the method is not applicable. Absorption does not take place on account of the pressure.

Neumann has, with the method which I have endeavored to describe, succeeded in obtaining an absolutely painless operation, with one exception, the curetting of the Eustachian tube is painful, but of so short duration that it can be practically overlooked.

The patients chatted and laughed during the operation with those around them, some even smoking and drinking coffee. Occasionally they complained, not of actual pain, but of the jarring of the head under the chiselling. On this account it is best to place a soft pillow under the head, as before mentioned.

In conclusion, I may say that I do not look as a rule for the general adoption of this method, for in this country many prefer taking a general anesthetic for even the most trivial operations.

THE EXTERNAL AND INTERNAL SECRETION OF THE HEALTHY AND DISEASED ORGANISM IN THE LIGHT OF VITAL STAINING *

BY E. GOLDMANN, M.D., ETC.
Professor of Surgery, Freiburg i. Br. Germany.

The author undertakes, in a series of broadly planned investigations, executed with great care, to determine the general physiological significance of vital staining, chiefly in rats and mice. The field opened up by me has until the present time never been worked up in such a systematic manner. The first part of Goldmann's work is related chiefly to conditions in the healthy organism. A further part, which will take up pathological conditions, is in preparation. The investigations were chiefly undertaken with two coloring matters, which were placed at the disposal of the author by myself, coloring matters whose vital staining importance I had already recognized, viz., Pyrrollblau and Trypanblau. The principal difference between the action of the two substances, although the first corresponds to the basic, the second to an acid color, lies chiefly in the tempo of the coloring, which occurs considerably faster with trypanblau than with pyrrollblau, a difference which is especially easily demonstrated in parabiotically united animals.

Of physiological importance is first the fact that in the actual organ systems, both in regard to the rate of appearance, as well as the degree of staining, a certain scale may be established, to which, in the reverse direction, the gradual disappearance of the color corresponds. An exception to this is formed only by the kidney, which exhibits special conditions.

In an animal in which the staining has been pushed may be seen deep coloring of the aqueous humor, the cutis, the fascia, the aponeurosis, the cortical substance of the kidney and suprarenals, the digestive tract, the abdominal lymph glands; further, the testicle, the uterus, especially in the gravid condition, and the follicles of the ovary. Varying and apparently in corre-

* Translation of a review of Professor Goldmann's paper, published by Professor Ehrlich, Frankfurt a. Main.

lation to one another are the conditions of staining of lungs and liver. The heart and tongue are always stained more deeply than the body musculature. The stained choroid plexes stand out sharply from the unstained nervous system. In agreement with Bouffard, Goldmann gives for trypanblau staining the following order: The point of injection in the skin, kidney, liver; further diffuse coloring of the skin and mucous membrane, spleen, suprarenal, bone, heart, tongue and fibrous membranes. In gravid animals, the villi and placenta are chiefly the situation of the staining, whilst the amniotic fluid has a bluish shimmer only, and the embryo remains entirely colorless.

A very interesting point in regard to the law of distribution is the fact that the situations of pathological processes (healing wounds, inflammation, tumor formation, as well as the above-mentioned organs in pregnancy) have a special affinity for the coloring matter, and can withdraw it from the other tissues.

The staining differences depend neither upon the reduction of the coloring matter in the tissues, nor are they very dependent upon the richness of the vascular supply. The deciding point for the appearance of the staining is much more due to vital conditions of an increased function than biochemical factors. Of fundamental importance for understanding the process was first the demonstration that the coloring matter circulates dissolved in a slight degree in the blood-serum without resulting in a coloring of the cellular elements of the blood. This color content of the serum and not secretory processes in the lacteal glands is also what determines the isolated blue coloration of the intestine in the sucking young, which shows itself in the appearance of the color in the milk.

For histological testing of the processes, Goldmann used not only the investigation of fresh material, but especially the freezing method after formol fixation, where the staining is well preserved. The latter refers to the granules of special cells, which Goldmann unites under the indifferent name of pyrrol cells. In the liver, the Kupfer cells take the coloring matter intensely, whilst, in contrast to this, neutral red produced a granular staining of the liver cells themselves. The blue coloring of the bile, which is easily observed, depends not on the secreting activity of the liver cells, but is, as in the case of the

milk, due to the direct excretion of the blood serum. The special position of the kidney consists herein—that the coloring of the cortex does not correspond to the amount of the injected stain, but usually is strongest after the first injection, and with the storing of the coloring matter in the organism after additional injections it gradually pales out. The granule staining of the convoluted tubules is rather the expression of the excretion of the color from the body. In the suprarenals, the zona glomerulosa is earliest and infesively colored blue. From here the staining passes over to the cells of the zona fasciculata, and is found in the medullary substance in the interstitial cells of the blood vessels, including the chromaffin cells. Goldmann insists that, in the suprarenals it is a question of an elective coloring of embryologically related epithelial cells, and indeed especially both the secreting protoplasma granules as well as the freshly thrown out secretion, the extracellular passage of which towards the medulla can be followed; thus the vital staining gives us here a view into the hitherto much discussed processes of suprarenal function.

In the pancreas, salivary gland, mamma, thyroid, larynx, trachea and esophagus, the granular mesenchym cells were colored, in the mammary gland especially during the process of lactation. In the cutis there is found a thick layer of colored cells, especially in the reticular part. In the muscles, the fibres themselves remained unstained, whilst the inter-fibrillar spindle-like cells show strong staining, especially in the heart and tongue musculature, which are characterized by a rich metabolism and heightened oxidation processes.

In the hemolymph glands and the ordinary lymph glands, the reticulum cells are electively colored. In regard to the more minute histological relationships, one must consult the original. The very varying intensity of the lung staining depends upon the varying quantity of the granulated cells which lie in the peribronchial lymph spaces, and which alone take the stain. In the testicle, the interstitial cells take the stain. In the ovaries, blue-colored cells are found in the inner layer of the membrana-granulosa of the follicle, and corresponds, as Goldmann insists in opposition to the analogous findings of Ribbert after carmine injection, not to leukocytes which have wandered

in, but to specially modified follicle cells. Of great physiological importance are the results of the staining of the egg membranes and the placenta. The innermost egg membranes are colored intensely and produce, by secretory function, a blueing of the amniotic fluid. In the placenta itself, the outer layer of cortex cells which, in their character as angioclasts, play a great role in the first stages in the nourishment of the ovum, take the color deeply. In the same way, cell chords, which lie between the decidual islands, and which also arise from the ectoderm of the fetus, and which bound the maternal blood spaces, and which Goldmann considers of great importance in the relations of the metabolic exchange between mother and fetus, take the stain. Especially it is to be noted that here ontogenetically related cell elements are electively demonstrated. The vital staining demonstrated here succeeds only from the blood stream, never after feeding, and always the sharper the less concentrated the solution in blood serum. In these circumstances lies the tinctorial preference of the only slightly soluble pyrrollblau. The granules are not the expression of a protoplasmic damage, because, if it were so, their widespread occurrence in the body should make this clinically evident, and also not metabolic products of the cells, since Goldmann saw them colored ten months after a single injection of pyrrollblau; but they are organic granules of specific function. It is a question here not of the appearance of a glandular secretion, since, aside from the renal cortex in which the coloring is to be explained as a simple excretion from the body, colored granules are never seen in the specific glandular cells, but only a phenomenon of an internal secretion. The mesenchymal pyrrol cells represent the connective tissue cells, but are separate from the mast cells, which are to be identified with the klasmatocytes of Ramvier, and can further be demonstrated where important metabolic processes are going on. With the demonstrated capability of the granules by vital staining to take up material itself from the blood serum and store it up, the connective tissue wins an importance which places it high above its usual recognized position as the supporting tissue.

In conclusion, Goldmann points out the relationship of his results to my color analytical studies in regard to the oxygen requirements of the organism. He insists especially that the

maximum reduction power of the stroma cells shown by me for the lung corresponds to a maximum diminution of oxygen supply, as illustrated by the tremendous increase of the vital stainable stroma cells and the diminution of the absorbing surfaces through inflammatory processes. An analogous significance may also be given to the stroma cells of the more powerful reducing liver, and perhaps, also, the reticulum cells in the blood and lymph gland apparatus. It is also characteristic that organs so saturated with oxygen as the heart and tongue muscle show a special richness in pyrrol cells.

Thus the results of these vital stainings lead us deeper into certain physiological problems than has been possible in any other way. With impatience, therefore, one awaits the Goldmann investigations, so promisingly begun.

(Sgd.) F. Ehrlich, (Frankfurt a. M.).

DEATHS FROM HEART DISEASE.

BY WILLIAM FRANCIS WAUGH, A.M., M.D.
Dean of Bennett Medical College, Chicago, Ill.

A man in his fifties, tall and powerful, had been for some years affected with heart trouble (a mitral double lesion). The malady had gone through the usual stages, and compensation was failing. He was prescribed digitalis, the powder, in pills. The druggist was conscientious and unfortunately furnished an excellent quality of the drug. Immediate improvement followed, but within two or three days this subsided and the difficulty returned with increased force. The doses of digitalis were increased also, but the man rapidly sank and died in a few days. The urine was almost totally suppressed.

Here is what happened: When the digitalis was first administered, of its four glucosides digitonin began almost immediately to exert its influence. Although it slightly relaxed the force of the heart, it acted particularly upon the terminal arterioles, and by relaxing these facilitated the work of the heart, consequently a sense of relief was the first effect of the drug manifested. A little later, within half an hour, the digitalein action commenced, and from this some tonic influence upon the heart was manifested without seriously interfering with the vascular relaxation induced by the digitonin. This tonic effect lasted from two to four hours, during which the patient felt considerable relief; and this effect was sustained by successive doses of the drug.

On the next day the action of the digitalin began, and while there was still more force imparted to the cardiac contraction, the relaxant influence of digitonin upon the arterioles was overcome by the more powerful and persistent contractile power of digitalin, and the arterioles commenced to contract.

By the next day digitoxin began to manifest its tremendously powerful activity, with the result that the arterioles were strongly contracted, lessening their lumen and compelling the heart to extra exertion to force the blood-stream through the narrowed orifices. This action was constantly reinforced by successive doses of digitoxin. The pills being administered every

four hours, the digitoxin effect was rendered continuous, whereas the opposing influence of the digitonin only lasted for one-half to one hour after each dose. By the accumulative action of the digitoxin the renal arteries were finally so contracted that only a few drops of blood could be squeezed through them. Almost total suppression of urine followed, and the man died.

The death certificate stated that he died from heart disease. This was a mistake—he died from digitalis. Truly, as Peter emphatically urged, the treatment of heart disease begins with the fear of digitalis.

Dr. Pettey, of Memphis, published a paper some time ago describing a number of cases in which, after digitalis had failed to sustain a weakening heart, sparteine succeeded. This remedy was given in very large doses, two grains hypodermically, and only after such dosage was the beneficial power manifested.

In treating the failing circulation of patients with chronic valvular disease of long standing, especially in the aged, I have secured exceptionally good results from the administration of sparteine; the dose however being 1-6 grain, repeated not more than six times in twenty-four hours. This quantity proved amply sufficient for the need, and the remedy could be continued for many months with benefit, and no harm whatsoever.

Since in the cases described by Dr. Pettey digitalis had been pushed until no further benefit could be obtained from it, it may be that the beneficial action of sparteine, and the necessity of such large doses, were due to the presence of marked vascular rigidity induced by digitoxin pushed to the limit. So powerful is the contraction induced by digitoxin, and so enduring, that only these excessive doses of sparteine sufficed to overcome it.

SCHOOL HYGIENE

The great quickening of interest by the recent association of the medical profession with education and school work has created a new department of medical literature. So far there is a dearth of good publications in magazine form in this department. Two were started in the United States, only to disappear from view in the course of a few months. This is not to be wondered at, for it is a very expensive luxury to begin a new journal, and it takes much time to educate people to the need of such publications as deal more with the public service than with any personal interest. In Great Britain we have *The Medical Officer,* a weekly publication, which appears weekly and contains brief notes on almost everything of importance in connection with any official work, in or out of schools in Great Britain. Another magazine has just appeared, called *The School Child,* which apparently will be devoted more to the school nurse's work. Finally, one appeared last January which may be said to be, without doubt, the best journal in the world on such matters. This is called *School Hygiene,* contains about 50 pages every month, and the contents are of such value that one feels that the magazine should and must be kept on file by anyone who has an interest in school work. Among the leading contributors are Lord Stanley, Sir Lander Brunton, Dr. James Kerr, Chief Medical Officer to the Schools of the London County Council; Dr. Sternball, the Rev. the Hon. Sir E. Lyttleton, Dr. Gulick, Miss Margaret McMillan, and others. "Heart Strain," "Dustless Oils," "Fatigue," "The Education of the Deaf," are a few names of articles at random. The magazine is a fine one and really indispensable to anyone having to do with schools. Subscription, 7s. 6d. Address 2 Charlotte St., London W. Editor, Dr. Eder.

H. MacM.

Society Proceedings

THE MEETING OF THE ONTARIO MEDICAL COUNCIL

On account of the space devoted to our Editorial in this issue regarding the Medical Council and its various doings and irregularities, it is impossible for us to more than refer to the various items of business which received attention at the meeting last month.

It was moved by Dr. Ryan and seconded by Dr. E. E. King, to appoint a chartered accountant as auditor. This motion was carried.

Dr. J. A. Temple moved a resolution to appoint a Special Committee to formulate new regulations for the Finance Committee and general finances of the Council. Carried. That committee reported as follows:

Toronto, July 6th, 1910.

To the Members of the Council of the College of Physicians and Surgeons of Ontario:

GENTLEMEN,—The Special Committee on Finance met on the 6th July, 1910. The following suggestions were adopted:

That each member of the Council shall be paid, whether for attendance at Annual or Special Meeting, *the sum of $10.00 for every half-day of actual attendance, the further sum of $10.00 for every half-day required to enable such member to travel* from his place of residence to the place of Council meeting, and from the latter to the former, availing himself in each instance of the most direct route at his disposal; and the further sum of *five cents per mile for each mile travelled each way.*

That *no member shall be expected to travel between the hours*

of nine p.m. and seven a.m. That the number of half-days in actual attendance upon Council meetings shall be ascertained from the record of attendance kept by the Registrar, and that *the Finance Committee shall be charged with the duty of certifying to the correctness of the time required for travel and the mileage.*

That *the same general principle shall obtain with reference to payments to members of committees, for services in connection with the same;* any disagreement in connection with committee payments to be referred for settlement to the Finance Committee of the Council.

That each examiner, engaged solely in the conduct of some portion of the written examination, shall receive the initial sum of twenty dollars, to cover the setting of examination papers by him, and the reading of any number of papers up to fifty in number, with a further sum of thirty-five cents for each paper so examined above the fifty already alluded to.

That each examiner, whose work is confined to that of conducting an oral examination, shall not receive the twenty dollars alluded to above, but shall receive the sum of seven and a half dollars ($7.50) for every half-day necessarily employed, either in examining or in travelling in connection with the holding of examinations. That each examiner, whose duties require of him that he should take part in the written and oral examinations, shall be paid as provided above in connection with the payment of those conducting oral examinations, and shall be paid for papers examined by him the sum of thirty-five cents a paper, excluding the first fifty such papers, for which he shall not receive payment.

That each examiner shall receive the sum of five cents a mile for each mile necessarily travelled in connection with his duties as examiner.

In the event of a disagreement, the *duty of determining the specific sum to be allowed each such examiner for time occupied in travel and for mileage shall devolve upon the Finance Committee.*

That the Council omit the stenographer's report of the proceedings of the Council, and that the Minutes of the Council be

published in lieu thereof, thereby effecting a saving of one thousand dollars or more, approximately.

That Clause 4, Section 4, of the Announcement, relating to fees, be modified by the addition of the following words: "In the Primary Examination, and twenty dollars for one or more subjects in either Intermediate or Final Examinations."

All of which is respectfully submitted.

(sgd.) J. Algernon Temple,
Chairman.

It was moved by Dr. J. M. MacCallum, and seconded by Dr. J. S. Hart, to publish full details as to all fees paid to both Members and Examiners. Carried. These details will appear in the Annual Announcement, which is to be published "forthwith."

It was also moved by Dr. Hart, and seconded by Dr. Hillier, of Bowmanville, that similar details for the past three years be laid on the table. Carried.

On motion of Dr. Cormack, it was decided that fall examinations should be abolished, excepting final examinations, subsequent to the autumn of 1910.

The following motions were *defeated:*

Dr. F. N. G. Starr moved that members of the Council should act without pay.

The same gentleman also moved that the Council should leave Primary and Intermediate Examinations to the Colleges, such examinations to be conducted in the presence of assessors appointed by the Council at the end of an eight months' session, the Council conducting comprehensive oral, clinical and laboratory examinations at the end of the fifth year.

Dr. Hart moved that Physical Therapeutics should be required by Council, namely, Hydro-Therapeutics, Electro-Therapeutics and Massage.

The same gentleman also moved that a committee be appointed to find if the colleges teaching Medicine in Ontario are fulfilling the requirements of the Council.

Dr. Hart, seconded by Dr. Starr, moved also that the repre-

sentation of the Council be reduced to fourteen, namely, nine territorial, three college and two homeopathic representatives.

Drs. McPhedran, A. Primrose, and Mr. I. H. Cameron were a committee from the University of Toronto, asking that the annual examinations of Council should be delayed one month. The Council compromised, postponing the examinations two weeks, as also the meeting of the Council.

Dr. Starr moved that a letter from the Treasurer to the Chairman of the Finance Committee, and presented to the Council, be laid on the table. Dr. Temple stated it was a private letter, and Dr. Starr then withdrew his motion.

Canadian Journal of Medicine and Surgery

Editor:

J. J. Cassidy, M.D.

45 Bloor St. E., Toronto

Surgery:

F. N. G. Starr, M.B., Toronto, Associate Professor of Clinical Surgery, Toronto University; Senior Surgical Assistant, Toronto General Hospital; Surgeon, Hospital for Sick Children, Toronto; N. A. Powell, M.D., C.M., Professor of Medical Jurisprudence, Toronto University; Senior Assistant in charge, Emergency Department, Toronto General Hospital.

Clinical Surgery:

Alex. Primrose, M.B., C.M., Edinburgh University; Associate Professor of Clinical Surgery, Toronto University; Secretary Medical Faculty, Toronto University; Surgeon Toronto General Hospital; and Herbert A. Bruce, M.D., F.R.C.S., Eng., Surgeon, Toronto General Hospital.

Orthopedic Surgery:

B. E. McKenzie, B.A., M.D., Toronto; Surgeon to the Toronto Orthopedic Hospital; ex-President of the American Orthopedic Association; and H. P. H. Galloway, M.D., Winnipeg, Man., Member of the American Orthopedic Association.

Physiology:

A. B. Eadie, M.D., Toronto.

Medical Jurisprudence and Toxicology:

Arthur Jukes Johnson, M.B., M.R.C.S., Eng., Coroner for the City of Toronto; Surgeon Toronto Railway Co., Toronto; W. A. Young, M.D., L.R.C.P., Lond., President of the American Medical Editors' Association; Associate Coroner, City of Toronto.

Physiotherapy:

Chas. R. Dickson, M.D., C.M., Queen's University; M.D., University of the City of New York; Electrologist Toronto General Hospital, Hospital for Sick Children and St. Michael's Hospital.

Pharmacology and Therapeutics:

A. J. Harrington, M.D., M.R.C.S., Eng., Toronto.

Pediatrics:

Allen Baines, M.D., Toronto; Associate Professor Pediatrics, University of Toronto; Physician, Hospital for Sick Children; A. R. Gordon, M.D., Toronto; Senior Medical Assistant, Toronto General Hospital; Helen MacMurchy, M.D., Toronto, Editor, The Canadian Nurse.

Dermatology:

D. King Smith, M.B., Tor., Toronto; Demonstrator in Pathology, Toronto General Hospital.

Managing Editor;

W. A. Young, M.D., L.R.C.P., Lond.

145 College St., Toronto

Medicine:

J. J. Cassidy, M.D., Toronto, ex-Member Ontario Provincial Board of Health; Consulting Surgeon, Toronto General Hospital; W. J. Wilson, M.D., Toronto, Physician, Toronto Western Hospital; and Dr. J. H. Elliott, ex-Medical Superintendent, Gravenhurst Sanatorium, Ont.; Associate Medicine and Clinical Medicine, University of Toronto; Senior Medical Assistant, St. Michael's Hospital.

Clinical Medicine:

Alexander McPhedran, M.D., Professor of Medicine and Clinical Medicine, Toronto University; Physician, Toronto General Hospital; Lewellys F. Barker, M.D., Professor of Medicine, Johns Hopkins University, Baltimore, Md. H. B. Anderson, M.D., Toronto; Associate Professor of Clinical Medicine, University of Toronto; Physician, St. Michael's Hospital.

Bacteriology:

J. G. Fitzgerald, M.D., Lecturer in Bacteriology, University of Toronto.

Mental and Nervous Diseases:

N. H. Beemer, M.D., Mimico Insane Asylum. Campbell Meyers, M.D., M.R.C.S., L.R.C.P. (London, Eng.), Private Hospital, Deer Park, Toronto.

Gynecology and Obstetrics:

Geo. T. McKeough, M.D., M.R.C.S., Eng., Chatham, Ont.; and C. F. Moore, M.D., Toronto.

Pathology:

W. H. Pepler, M.D., C.M., Surgeon Canadian Pacific R.R., Toronto; Junior Medical Assistant, St. Michael's Hospital; and J. J. MacKenzie, B.A., M.B., Professor of Pathology and Bacteriology, Toronto University Medical Faculty.

Ophthalmology:

J. M. MacCallum, M.D., Toronto, Senior Assistant Eye Department, Toronto General Hospital; Oculist and Aurist Victoria Hospital for Sick Children, Toronto

Nose, Throat and Ear:

Perry G. Goldsmith, M.D., 84 Carlton St., Toronto, Laryngologist and Aurist, Provincial Institution for the Deaf and Dumb; Senior Assistant Ear, Nose and Throat Department, Toronto General Hospital.

Address all Communications, Correspondence, Books, Matter regarding Advertising, and make all Cheques, Drafts and Post-Office Orders payable to "The Canadian Journal of Medicine and Surgery," 145 College Street, Toronto, Canada.

Doctors will confer a favor by sending news, reports and papers of interest from any section of the country. Individual experience and theories are also solicited. Contributors must kindly remember that all papers, reports, correspondence, etc., *must be* in our hands by the first of the month previous to publication.

Reprints supplied Authors at Cost.

Editorials

IS TETANUS CAUSED BY THE MOTOR CAR?

We learn from an editorial in the *British Medical Journal* (May 28, 1910) that, according to the Registrar-General's returns, there has been a sudden increase, in recent years, in the number of deaths in England and Wales directly due to tetanus. Taking the figures from 1889 to 1900, the average number of deaths in England and Wales was between 30 and 40. In 1900 it rose to 66, to fall again to 57 in 1901. Then came a sudden and unexpected increase. In 1902 the number rose to 201, almost four times that of the preceding year. The subsequent returns were: 1903, 257 deaths; 1904, 257; 1905, 248; 1906, 254; 1907, 226; 1908, 180. The sudden increase of tetanus in England and Wales is ascribed by the editor of the *British Medical Journal* to the free distribution of animal excreta by the dust-raising powers of the motor car, the germs of tetanus being thus spread over an area greater than heretofore.

A study of recent cases of tetanus occurring in England shows that the soiling of wounds with horse dung is recognized as the true source of tetanus. Thus, J. L. Thomas (*B. M. J.*, May 21, 1910) reports three cases in his practice in three years (1901-3), all three being caused by wounds, which had been soiled with horse dung. Case 1 was a carpenter, who had received a punctured wound of the instep from a

nail in a piece of wood covered with horse dung from an old wooden stable in process of demolition. Case 2 was a collier, whose foot caught and held between a rapidly moving haulage rope and a tram rail. Case 3 was an engine boy, whose hand was caught and crushed between a haulage rope and the drum of an engine. Horse dung was the source of the poison in all three, the nail in the first case and the haulage rope in the second and third being soiled by it. Distribution of road dust had nothing to do with any of them.

Doubtless, other cases of tetanus arise from agencies similar to the above-mentioned ones in a densely populated country like England, where farm hands, colliers and other workmen receive wounds soiled with horse dung. The increased number of persons travelling in motor cars in England during the past seven years, and the probable increase among them of infected wounds and contusions, due to the greater number of persons exposed to injuries arising from road traffic during these years, might partly account for the marked increase in tetanus in England and Wales. These, however, are but surmises: it is only by a clinical report of each case of tetanus occurring in a country, that the true means by which horse dung has been brought into contact with the wound in every case can be known, and that any generalization claiming to show the cause of a notable rise in tetanus can be truthfully made.

The returns of the Provincial Registrar-General of Ontario do not show a notable rise in tetanus for

the last seven years, the figures for that disease being as follows: 1902, 13 deaths; 1903, 18; 1904, 9; 1905, 20; 1906, 22; 1907, 18; 1908, 26. That there has been a notable increase in the use of motor cars in Ontario, during the past seven years, we know. Thus, from data furnished by the Department of the Provincial Secretary of Ontario, we learn that the motor cars registered there were as follows: In 1903, 230 cars; in 1904, 535; in 1905, 553; in 1906, 1,170; in 1907, 1,530; in 1908, 1,754; in 1909, 2,452. American tourist cars are included in this enumeration. The increase in the number of registered motor cars to over ten times what it was in 1903 is apparent from this statistic; but a notable or sudden increase in tetanus in any year during the past seven years is not recorded by the Ontario Registrar-General. Ontario statistics, therefore, are opposed to the theory offered as an explanation of the notable increase of tetanus in England and Wales by the *British Medical Journal.* J. J. C.

THE MEDICAL SCHOOLS OF CANADA

DESCRIPTIONS of the eight medical schools of Canada are included in a report on medical education in the United States and Canada, published under the Carnegie Foundation for the Advancement of Teaching (April 16, 1910). Each school was separately visited and the details as stated go forth with the sanction of at least two, and frequently more, independent observers. Of the eight schools, three are situ-

ated in Ontario, three in Quebec, one in Nova Scotia, and one in Manitoba.

Of the three schools in Ontario, one, the Faculty of Medicine of the University of Toronto, receives great praise. The reporters state that the laboratory facilities are, in point of construction and equipment, among the best on the continent. Increasing attention is devoted to the cultivation of research. There are both general and departmental libraries, an excellent museum and all necessary teaching accessories. The clinical facilities are good, the faculty having control of 300 public ward beds at the present Toronto General Hospital, while the public ward beds of three other general hospitals and one special hospital are also available. The course covers five years.

The medical department of Queen's University is said to be of doubtful utility. It could maintain a two-year school, for the Kingston General Hospital (80 beds), would afford pathological and clinical material enough up to that point. Two supplementary hospitals provide additional clinical material. Obstetrical cases are few and opportunities for outpatient work are slight. Physics, chemistry and physiology are taught in the University, anatomy and pathology are taught by the school. A museum is in process of formation. There is a small collection of books and periodicals in the faculty room, open to students. The medical course covers five years.

The Western University Medical Department,

London, is unequivocally condemned. The clinical facilities are confined, almost wholly, to a small number of beds in the municipal hospital, and the school has no dispensary. The laboratory facilities consist of a single room called the laboratory of pathology, bacteriology and histology, the equipment of which consists of microscopes and some unlabeled specimens—no microtome, cut sections, incubator or sterilizer being visible—a wretched chemical laboratory and an ordinary dissecting room. There is no outfit for physiology, pharmacology, or clinical microscopy, and no museum deserving the name. There are a few hundred books, locked in cases, to which the janitor carries the key. The medical course covers four years.

In the Province of Quebec there are three medical schools—the McGill University Medical Faculty, Montreal; Laval University Medical Department, Quebec, and Laval University Medical Department, Montreal. McGill University Medical Faculty receives high praise. The laboratory facilities are ample. The anatomical and pathological museums are among the most famous on the continent. The school possesses an excellent library and all necessary teaching accessories. This school enjoys a favorable relation to two large hospitals of about 500 beds, besides several other institutions. Students work freely in the wards and clinical laboratory. The dispensary service is large and admirable. The medical course covers five years.

The Laval University Medical Department, Que-

bec, which is an organic part of Laval University, is neither praised nor condemned. Instruction in chemistry and physics is provided by the University; in the medical building recent, though not extensive, laboratory provision is made for anatomy, histology, bacteriology and pathology. There is no experimental physiology or pharmacology. A laboratory for students and a museum have been started lately. The buildings are admirably kept. Clinical instruction in medicine, surgery and pediatrics is given at the Hotel Dieu, to the free wards of which the faculty serves as staff. The amount of material is limited in quantity. There is a clinical laboratory at this hospital, in which instruction is given in connection with ward work. Obstetrical opportunity is abundant. The fifth year now required and a proposed reorganization of staff and teaching arrangements promise to improve the instruction.

Laval University Medical Department, Montreal, is condemned. Chemistry is given by the University. Anatomy is limited to dissecting. A single laboratory, with meager equipment, is assigned to pathology, bacteriology and histology. There is a library and a small collection of specimens, not all labeled. The school has access to two hospitals, containing together 250 beds. The dispensary has a fair attendance. The medical course covers five years.

Halifax Medical College is an independent school, the students of which are instructed in chemistry, physics and biology during part of the first two years

of the five-year course by Dalhousie University. The students are also examined for their degree by this University; but the University has nothing to do with the intervening years. The laboratory facilities are poor. There is no museum worthy of the name and no laboratory work in physiology or pharmacology. Clinical instruction is provided at the Victoria General Hospital (200 beds). The staff appointments of this hospital are made by the Government, and the medical college is forced to confer professorships on these appointees. Instruction in clinical microscopy is very limited. Obstetrical opportunities barely suffice. Students attend the city dispensary—an institution within which the Medical School has no authority.

Manitoba Medical College is the medical department of the University of Manitoba. The laboratory facilities are good, instruction in chemistry, bacteriology, histology and pathology being competently given by the University of Manitoba; the other branches are taught by the medical faculty. The equipment, which is new and steadily increasing, suffices for routine instruction. There is a beautifully kept collection of several hundred wet specimens.

The clinical facilities are good, as the school adjoins the Winnipeg General Hospital (400 beds). The school faculty is practically the staff of the free wards. Students work freely in the wards, clinical laboratory, operating rooms, obstetrical ward, etc.

There is a good dispensary. The medical course covers five years.

In the opinion of the reporters, at this moment, the needs of the Dominion could be met by the four better English schools and the French Laval Medical Department at Quebec, thus weeding out Halifax Medical College, the Western University Medical Department and Laval University Medical Department, Montreal. Threatened men live long, and the condemned Canadian schools of medicine may not accept the advice of their American critic. There is, however, a plethora of physicians in Canada, with a decreasing demand for medical services—conditions which should not favor the continued existence of inefficient schools of medicine. J. J. C.

"GRAFT"?

"This bastard Graff shall never come to growth."
Shakespeare—"Lucretia," 1062.
(Skeats' Etymological Dictionary.)

The Forty-fifth Annual Session of the Ontario College of Physicians and Surgeons, an Institution to which the Profession of Ontario owe a great deal for honest work done in *past* years, took place in Toronto last month, July 5th to 9th inclusive. It was a memorable session from the standpoint of noise and disorder, accentuated by an exhibition of inability to control bad temper on the part of Dr. J. A.

Temple, Chairman of the Finance Committee, and Dr. Pat Hardy, Retiring President.

"Anger is a noble infirmity, the generous failing
of the just.
Hatred would harm another; anger would indulge
Itself."

Judging from information that has since reached us through one of the members present at the meeting, for an up-to-date and life-like illustration of a bear garden, one must be present within the secret precincts of the College of Physicians and Surgeons on University Avenue during Annual Session. We learned somewhere that the "Teddy" day had waned and that Caesar reigns supreme.

We did not seek the questionable honor of studying the business methods of the Council, the duty was thrust upon us. It has not been the pastime of an idle hour, it has not been a pleasurable task. Not in malice, not in the spirit of "a monitor," alas! that easy way, but to present *facts* for the consideration of the men in whose hands we place "the making of wisdom" for our profession, has been our wearying service; and who, in all conscience, should deal with such a subject if not the medical press, especially as it has been urged repeatedly so to do by the profession at large. We offer no brief for our remarks; facts had to be stated, our confrères demanded them, and so we regret extremely that our recent criticisms of the Council as a body brought about a *personal attack* on the writer of the editorials, along with an amazing display of lack of dignity, all because of the

exposé made by us of the Medical Council and its various and many irregularities. Isn't it a pity that the two gentlemen named received such unpleasant advertising in the daily newspapers, as we feel that, had the discussion been confined to the columns of the medical press, "'Twere better far."

However, notwithstanding the fact that the Council succeeded in expending at least $540.00 per day (plus extras) in doing but little routine business, the JOURNAL congratulates itself in having succeeded in forcing the Council into better ways. May we not chant "**Palms of victory and crowns of glory**" because, strange to relate, the College of Physicians and Surgeons have been "dragooned" (with apologies to Dr. Hardy) into

1. Appointing a chartered accountant as auditor, who will doubtless see to it that, after this, each account shall be correct *before being paid.*

2. Publishing *in detail* the Financial Statement.

3. So changing the per diem sessional allowance that no member can from this date hold up the Treasurer, as in the past, for more than $10.00 per half-day "necessarily absent from home," *vide* report Special Committee on Finance, page 81, this issue.

4. Supplying this "irresponsible editor" (again apologizing to Ex-President Hardy) with what was asked for, but was promptly refused, months ago, namely, certain interesting facts from the Treasurer's books, to which we will allude at length later in this editorial.

"A flamboyant journal" were we termed by the

Major Domo, in private life known as Dr. E. A. P. Hardy? Yes, but so called because we exposed facts regarding the Council that, for certain reasons, it was hoped would never see the light. And, really, Dr. Temple, *thou* mayest consider thyself a modern "Lord Chesterfield" and it may be "impertinent" on our part, and perhaps we are "beneath contempt" in *thine* eyes; but please remember that to be held "beneath contempt" by *some* men is rather a compliment. Thank God, this journal *has* proved itself worthy even to be "a monitor" to the Medical Council, at least judging from the sheaves of letters we have received from physicians all over the Province, commending us in our attempt to straighten out a body badly in need of assistance.

It is not a pleasant duty devolving upon us to now give the profession certain figures which prove beyond any question the truth of our criticisms, especially as we feel that there are many good, honest gentlemen who are members of the Council, while others have, to say the least of it, allowed themselves to be led into loose business methods that can end only in disaster. We print herewith a detailed statement, taken from the Treasurer's books, of the sessional allowance and mileage paid to the members of Council during the past three years, and for which we have to thank, in part, Dr. Temple, who only *at the last session* of the Council, moved a resolution that we be given the information, notwithstanding the fact that, in his undignified display of anger two days previously, he is said to have stated that, had

he received the letter asking for access to the books of the Council, *his* language would have been too strong to print.

We wonder who will disagree with us in stating that this honorable body of men placed themselves in a most ridiculous position, one that is entirely untenable, in first, *refusing us access to their books* and, at the Annual Session, *not taking steps to refute a single charge made.* Why? **Because they couldn't.** Calling a critic nasty names is no reply to a charge. Why did the Council not take prompt steps to try and *prove that such charges were false* and place themselves, if they could, once more in an honorable position before the profession throughout this Province? It is a true saying that "Wrongdoers do not like post-mortems," and that those who shout the loudest simply assist in showing, by so doing, that they are not the least free of suspicion.

COUNCIL MEETING, HELD AT KINGSTON, JULY, 1907.

Meeting lasted 4 days; one member received sessional allowance for 9 days and 17 for 8 days.

	Sessional Allowance.	Mileage.	Total.
Dr. E. T. Adams	$120 00	$16 35	$136 35
Dr. H. Bascom	120 00	20 50	140 50
Dr. J. L. Bray	120 00	34 50	154 50
Dr. W. Britton	105 00	16 30	121 30
Dr. J. H. Cormack	120 00	28 50	148 50
Dr. R. J. Gibson	135 00	64 80	199 80
Dr. S. H. Glasgow	120 00	25 30	145 30
Dr. Sir J. R. Grant	90 00	15 00	105 00
Dr. E. A. P. Hardy	120 00	16 30	136 30
Dr. J. S. Hart	90 00	16 30	106 30
Dr. G. Henderson	120 00	30 00	150 00
Dr. J. Henry	120 00	21 30	141 30
Dr. S. C. Hillier	120 00	12 10	132 10

	Sessional Allowance.	Mileage.	Total.
Dr. C. E. Jarvis	120 00	28 50	148 50
Dr. A. J. Johnson	90 00	16 30	106 30
Dr. E. E. King	120 00	16 30	136 30
Dr. M. O. Klotz	90 00	15 00	105 00
Dr. J. W. Lane	105 00	4 50	109 50
Dr. L. Luton	120 00	28 50	148 50
Dr. J. Macarthur	120 00	28 50	148 50
Dr. A. E. MacColl	120 00	6 00	126 00
Dr. W. H. Moorhouse	120 00	28 30	148 30
Dr. J. A. Robertson	120 00	25 25	145 25
Dr. E. Ryan	60 00		60 00
Dr. W. Spankie	90 00		90 00
Dr. F. N. G. Starr	60 00	16 30	76 30
Dr. P. Stewart	90 00	19 50	109 50
Dr. Hon. M. Sullivan	90 00		90 00
Dr. T. W. Vardon	120 00	22 10	142 10
	$3,135 00	$572 30	$3,707 30

Let our readers note particularly that at the above meeting **the sessional allowance was $15.00 a day and the meeting lasted but four (4) days,** from Tuesday at 2 p.m. till Saturday at noon.

How comes it, therefore, that

1 member collected for.....9 days
17 members collected for.....8 days
2 members collected for.....7 days
and 7 members collected for.....6 days

Graft, did we say? What should it be called?

We notice on page 142, Annual Announcement, 1908, that Dr. Ryan bade adieu to the Council at the morning session on Thursday, July 4th, and was, therefore, *present but two days,* and yet seems to have *received* sessional allowance *for four days.*

We have known men who did not take a day to go to and a day to return from Kingston, but they were guests of genial Dr. Platt.

Council Meeting, held at Toronto, July, 1908.

Meeting lasted 4 days, yet 11 members drew sessional allowance for 8 days.

	Sessional Allowance.	Mileage.	Total.
Dr. E. T. Adams	$120 00		$120 00
Dr. H. Bascom	120 00	$4 20	124 20
Dr. W. Britton	120 00		120 00
Dr. J. H. Cormack	160 00	15 00	175 00
Dr. R. J. Gibson	180 00	48 20	228 20
Dr. S. H. Glasgow	140 00	9 00	149 00
Dr. Sir James Grant	75 00	30 00	105 00
Dr. H. S. Griffin	120 00	4 00	124 00
Dr. E. A. P. Hardy	120 00		120 00
Dr. J. S. Hart	100 00		100 00
Dr. G. Henderson	120 00	14 00	134 00
Dr. S. Henry	120 00	5 00	125 00
Dr. S. C. Hillier	120 00	4 20	124 20
Dr. C. W. Hoare	160 00	22 70	182 70
Dr. C. E. Jarvis	160 00	12 00	172 00
Dr. A. J. Johnson	120 00		120 00
Dr. E. E. King	120 00		120 00
Dr. M. O. Klotz	160 00	25 60	185 60
Dr. J. W. Lane	160 00	19 75	179 75
Dr. L. Luton	160 00	14 00	174 00
Dr. J. Macarthur	160 00	12 00	172 00
Dr. A. E. McColl	160 00	11 00	171 00
Dr. W. H. Moorhouse	160 00	12 00	172 00
Dr. J. A. Robertson	120 00	8 80	128 80
Dr. E. Ryan	160 00	17 50	177 50
Dr. W. Spankie	160 00	16 50	176 50
Dr. F. N. G. Starr	120 00		120 00
Dr. J. A. Temple	120 00		120 00
Dr. T. W. Vardon	120 00	5 70	125 70
	$3,935 00	$311 15	$4,246 15

(Dr. F. N. G. Starr refunded $20.00 of the above payment of $120.00.)

The 1908 meeting was held in Toronto and *lasted four days,* from Tuesday at 2 p.m. till Saturday at noon; *sessional allowance* $20.00 *per day.*

Here we notice that

1 member collected for.....9 days
11 members collected for.....8 days
1 member collected for.....7 days
and 14 members collected for.....6 days

How came this about?

It would take an expert to figure it out. It is a credit to two of the Toronto members, Dr. Starr and Dr. Hart, that their sense of honor would not permit of their taking more than was rightfully due them.

COUNCIL MEETING, HELD AT TORONTO, JULY, 1909.

Meeting lasted only 4 days; President Dr. Lane received sessional allowance for 9 days.

	Sessional Allowance.	Mileage.	Total.
Dr. E. T. Adams	$120 00		$120 00
Dr. H. Bascom	120 00	$4 20	124 20
Dr. J. H. Cormack	160 00	14 00	174 00
Dr. R. J. Gibson	160 00	43 80	203 80
Dr. Sir James Grant	120 00	30 00	150 00
Dr. H. S. Griffin	120 00	4 00	124 00
Dr. E. A. P. Hardy	120 00		120 00
Dr. J. S. Hart	120 00		120 00
Dr. J. Henry	120 00	5 00	125 00
Dr. S. C. Hillier	120 00	4 20	124 20
Dr. C. W. Hoare	160 00	23 00	183 00
Dr. C. E. Jarvis	160 00	12 00	172 00
Dr. A. J. Johnson	120 00		120 00
Dr. E. E. King	120 00		120 00
Dr. J. W. Lane	180 00	19 75	199 75
Dr. L. Luton	160 00	13 00	173 00
Dr. J. Macarthur	140 00	12 00	152 00
Dr. J. M. MacCallum	120 00		120 00
Dr. A. E. McColl	140 00	11 00	151 00
Dr. W. H. Merritt	120 00	6 00	126 00
Dr. W. H. Moorhouse	140 00	12 00	152 00
Dr. J. A. Robertson	140 00	8 80	148 80
Dr. E. Ryan	160 00	17 50	177 50
Dr. W. Spankie	160 00	16 50	176 50
Dr. F. N. G. Starr	120 00		120 00
Dr. J. A. Temple	120 00		120 00
Dr. T. W. Vardon	120 00	5 80	125 80
	$3,660 00	$262 55	$3,922 55
Exchange on one cheque			25
			$3,922 80

Dr. C. E. Jarvis refunded $20.00 of the above payment of $172.00.

It will be noticed that, in this statement, the member from Sault Ste. Marie appears to have charged *only four days for travel* to and from Toronto, whereas *in July,* 1908, it would look as if he had charged *five days for travelling the same distance.* Won't he enlighten us?

How did Dr. Lane, the President, receive the sum of $180.00 as sessional allowance for this meeting? How did he put in *nine days? Did he imitate the Barber from Port Hope by walking from Mallorytown?*

The representatives from St. Thomas seem to have been pedestrians also.

The member from Wolfe Island must have swum. He really could have chartered a private launch with the six hundred and seventy-four dollars ($674.50), his year's proceeds from the Medical Council.

In these days, when so much is heard of the overcrowding of the ranks of the medical profession, a membership in the ranks of the Medical Council is indeed a nice little side issue, doubtless, judging from the following figures showing the income drawn during the past three years by seven of the members:

	1909.	1908.	1907.
Dr. J. H. Cormack	$307.50	$289.00	$205.70
Dr. R. J. Gibson	637.85	668.00	293.30
Dr. J. W. Lane	583.75	514.00	189.20
Dr. L. Luton	452.00	298.00	270.10
Dr. J. A. Robertson	395.20	390.20	275.45
Dr. E. Ryan	477.00	480.00	122.50
Dr. W. Spankie	674.50	379.50	441.60

Is it any wonder, therefore, that it is rumored that quite a number of the members of the Medical Council visited the aviation meet at Weston last month in order to get prices on the latest models of aeroplanes, having decided they could not do better than invest their heavy earnings from the Council in this manner? We trust they will carry out their intention and use their flying machines to travel to and from Council meetings, so that they may avoid *having to* charge so much in the way of *mileage* and *overtime.*

The following letter we received from the Chairman of the Finance Committee, who tries to explain why he received $120.00 as sessional allowance for the *four* days' meeting of the Council held in Toronto in 1908, when "By-law No. 148" fixed the amount for that meeting at $20.00 per day "for days necessarily absent from home."

(Dr. Temple's Letter.)

July 8th, 1910.

Dr. Young, Editor The Canadian Journal of Medicine and Surgery:

Dear Sir,—Will you kindly publish in your next issue this letter in reply to your enquiries in the *World* of this day's issue, wherein you ask me to enlighten the profession as to how I received $120 for the sessional allowance of 1908 when the session only lasted for four days. For an explanation I would refer you to page 235, paragraph F, of the Announcement for 1908 of the Financial Report, of which Committee I was not then a member. It reads as follows: "Regarding the matter of remuneration of members referred to your Committee, per resolution of 1905, that the payment of Council members be arranged

on the same basis as then advised, **the Council session be considered as six days*, the per diem allowance figured on this basis, the days of travel to be considered as in former years." This recommendation was signed by the then Chairman, Dr. G. Henderson, and adopted by the Council, so then in accordance with this recommendation every member of the Council, including myself, received $120. The Finance Committee has the power to recommend the remuneration at each session, and it is left with the Council, as a whole, to approve of it or reject it.

In another part you ask why Dr. Temple had not backbone enough to refuse to certify to these accounts. The Chairman of the Finance Committee has no such power, the Council fixes the amount to be paid to each member, and the Chairman has only to see that the amount is correct.

I have on several occasions remonstrated against this; when a member of Council presents his account, duly certified to by himself, the Chairman of the Finance Committee must pay it without question.

I am happy to be able to state that the Finance Committee this year succeeded in getting the consent of the Council to refer any account which might seem to require adjustment to the Finance Committee, which is a movement in the right direction.

I shall have much pleasure in answering any question of finances to any member of the profession when asked in the right spirit, so long as I am Chairman, which will only be for this year, as I do not intend to return to Council for another term.

Yours truly,

(Signed) J. Algernon Temple,
Chairman Finance Committee.

The Chairman refers us to a certain page in the Annual Announcement for 1908, where he admits that *"The Council Session be considered as six days."* A nice admission that, isn't it? We would call Dr. Temple's attention to the fact that that resolution covered the meeting of 1907, and *which took place at*

*Italics are ours.—W.A.Y.

Kingston, where the sessional indemnity was but $15.00 *a day.* However, we find from page 249 of the Annual Announcement of 1908-1909, clause "D," that the same trick was adopted covering the meeting of 1908, held in Toronto, *when Dr. Temple was a member of the Finance Committee* (see page 128, Annual Announcement 1908-1909), so that that session, *which lasted from 2 p.m. Tuesday till noon on Saturday* (in all four days) was also *"computed as six days."* And here (and this information we received from a member of the Council) let us ask Dr. Temple why *this year* (the year of our Lord 1910) at the Medical Council meeting, held only last month, *he certified to the two accounts of the members from St. Thomas,* each amounting to $130.00, *for a session lasting eight half days,* and which would entitle them to collect but $80.00 for the session (outside of mileage) and, at most, one-half day coming from and another half-day returning to St. Thomas (which is by rail within four hours' travel of Toronto)? These gentlemen were entitled, as far as we can see, to a total sessional allowance of $100.00.

What is the additional $30.00 *for?*

Does the Chairman of the Finance Committee call this *backbone?*

How true, sometimes, is the quotation,

"If God hath made thee a clam, for God's sake
Don't try to be a man until thou hast grown a backbone."

Section 13 of the Ontario Medical Act says as follows: "There shall be paid to the members of the

Council such fees for attendance and such reasonable travelling expenses as may from time to time be *fixed by by-law* passed by said Council," R.S.O. 1887, C. 148, S. 12. At this point, at the risk of being again called "impertinent" and "irresponsible," will Dr. Temple allow us to ask *how can the Council override by a simple resolution one of its own by-laws (in direct contravention of the Ontario Medical Act)?* We append the written opinion on this point of Messrs. Baird, Monahan & Mackenzie, solicitors, and we leave our readers to judge as to whether our clever representatives should not **promptly return to the Treasurer part of the funds paid them and to which they can make no legal claim.**

BAIRD, MONAHAN & MACKENZIE,
Barristers, Solicitors, Etc.

July 13th, 1910.

Dr. W. A. Young, 145 *College Street, Toronto:*

Re College of Physicians and Surgeons.

DEAR SIR,—In reference to your questions whether the payment of the members of the Council in accordance with the resolution was valid, we find that, according to Chapter 176, Section 13, of the Revised Statutes of Ontario, "There shall be "paid to the members of the Council such fees for attendance "and such reasonable travelling expenses as may from time to "time be *fixed by by-law* passed by said Council."

We also find that By-Law No. 148, apparently properly passed by the Council, states that each member of the Council shall receive $20.00 per day for days "necessarily absent from home," and an allowance of five cents per mile for each mile travelled.

We are of the opinion that the Council *cannot,* in the face of this by-law, *compute the number of days, making them either*

more or less, and this by-law governs the payment, and *that any payment* that has been made that is inconsistent with this by-law *would be illegal and invalid,* and the Treasurer should not have paid it, and *that members receiving such illegal payment could be compelled to refund it to the College.*

The members of the Council are trustees of the College of Physicians and Surgeons, and must be held to be conversant with all its rules and by-laws, or at least to have had notice thereof, and are bound by them.

Yours truly,

(Signed) BAIRD, MONAHAN & MCKENZIE.

JB-AS.

In other words, what the Council did was illegal.

A nice condition of affairs if any incorporated institution, governed by a special Act of Parliament, can, after making a by-law, by resolution simply call one day ten, or, as in this case, *four days six,* and draw the cash accordingly! *Is it any wonder that the College of Physicians and Surgeons has lost fifteen thousand dollars in three years?* "Irresponsible," did the Ex-President say? Well, not as much as those who resorted to such tactics, anyhow.

The above statement is, surely, anything but a credit to the Medical Council. We hate to admit it of our profession; and these revelations must be a source of sorrow to the rank and file of medical practitioners in Ontario and must act as a guide to the electorate at the coming Council elections. **We leave our readers to judge whether our criticisms have not been deserved.**

If the Council members act as men, a large sum

*Italics are ours.—W.A.Y.

of money will be at the disposal of the Treasurer in the near future.

To Dr. Hardy, with patience, we again present our compliments and say, speak up. The columns of our next issue are open to you to explain how it came about that you, with others, could consent to accept $120.00 sessional allowance, outside of mileage, for the *four days'* meeting held at Kingston in 1907, *when the by-law* governing that meeting (page 235, Annual Announcement 1908) *stated distinctly that you were to receive but* $15.00 a day.

Why not return the difference to the Treasurer, or, if you insist upon it, with the majority, "considering the meeting as six days," mail six crisp five dollar bills to Dr. Wilberforce Aikins by way of a subscription to the depleted Treasury of the Council? Now, as Retiring President, set a good example and your change of heart will be duly recorded in our September JOURNAL.

Dr. Temple, now that you state that you "do not intend to return to Council for another term," and by way of making your year of retirement still more historic, please do likewise and charge it to experience.

These two gentlemen are not at all alone in this matter, as can be seen from reference to the Treasurer's Report, and all should, and we feel sure will, follow suit.

"Thou student of wisdom feed on the marrow of
The matter.
If thou wilt suspect, let it be thyself; if thou wilt
Expect, let it not be gladness."

We are told that the caucus meetings held by the members of this great and honorable (?) Council, at the Queen's Hotel, Toronto, that is, those who have succeeded in the past in getting to Toronto on the Monday, in order to annex an additional twenty-dollar bill from the Treasury, are really naughty, and what with cigars and, well! soda (included, perhaps, in the extra mileage), the various Committees are all arranged beforehand in a manner worthy of the cleverest ward politician. How would it do to let these little events be things of the past?

Please don't certify to your own accounts after this, as, remember, they have now to pass that awful Finance Committee before even reaching the official auditor, who is empowered to almost take your affidavit as to its being correct.

You will oblige the whole profession if you will *not draw double fees by holding Committee meetings during the sessions of the Council;* but leave a few dollars in the bank to our credit, as there may be an odd student or two presenting himself for examination after your dissolution.

Now, gentlemen of the Ontario College of Physicians and Surgeons, ere you retire forever from office, as of course you could not have the nerve to present yourselves again for election, and for the sake of the honor of our profession,

The "six days" Medical Council subscription list is now open. Who will head it? Make a "whirlwind campaign" of it and, with Shakespeare, say once and

for all, "This bastard Graff will never come to growth."

"Forget it—cast it away."

Gentlemen of the medical profession in Ontario, have we established our case or not?

Into the golden silence after a very weary task, *successfully ended,* we now throw down our quill, to take it up, let us hope, in the near future and sharpen it to write only words of praise for the day-dawn of the new Medical Council, born

"To better manners, purer laws."

W. A. Y.

Editorial Notes

Pretended Orphans.

That a remarkable uniformity exists in the proportion of orphans in the orphanages of Ontario during the past twenty years appears in the seventeenth report of the Superintendent of Neglected Children, Mr. J. J. Kelso. Thus, the total number of children cared for in 1888 was 3,452; in 1908, the number was 4,718. The number of children in orphanages, September 30th, 1888, was 1,747; September 30th, 1908, the number was 2,168. That is to say, there were about 400 more children in the orphanages of Ontario in 1908 than there were twenty years before. In 1888, the relative proportion of the number of children in orphanages to the total population was about 1 to each 1,000 of population. Allowing for the increase of population, the same proportion existed in 1908.

It would be an error to suppose that even the majority of these children are really orphans. The following paragraph from the report of Mr. William O'Connor, who protects the interests of Catholic children, shows that the so-called orphans of Ontario are in most cases the children of neglectful parents: "During the year, 137 children were placed in foster-homes under the supervision of the Children's Aid Societies of the Province. . . . The parentage of the children placed in foster-homes was as follows: Father living, 25; mother living, 21; *both parents living, 70;* both parents dead, 10; illegitimate, 6; information not given, 5. It is a singular fact in connection with the parentage of these children that so large a number have both parents living, and so small a number have both parents dead." Referring to the same subject, Mr. Kelso remarks: "The orphanage population of Ontario, and the cost for their maintenance, could be reduced one-half, if a determined

effort were made to force parents who were able to do so to maintain their own children and place in foster-homes those children whose own homes are so bad that they cannot, with safety to the community, be returned to their parents."

It would appear, therefore, that, owing to lack of parental instinct in some parents, and the bad behavior of others, the State has to intervene, so as to provide for the sustenance and education of their abandoned or ill-treated children. In such cases, the subsequent substitution of selected foster-parents for the State is a perfectly proper procedure.

Canned Soup.

Bulletin No. 224 (Laboratory of the Inland Revenue Department, Ottawa) contains a report upon 148 samples purchased throughout Canada, in December, 1909, as Canned Soup. Complaints have been received from time to time, making mention of the following objectionable qualities in Canned Soup: Corrosion of the can; unsoundness of the contents; discoloration; substitution of other flesh than chicken in so-called chicken soup.

The can was found distinctly corroded in 7 samples, slightly corroded in 3 samples, in fair condition in 14 samples, in good condition in 124 samples. Corrosion of the can proceeds, in the first place, from imperfect tinning, which is intensified by the acidity of the contents. In 8 samples the acidity was found to represent percentages of acetic acid (weight in volume) varying from 0.046 to 0.225. It is evident, however, that, as corrosion due to acidity proceeds, the acid is neutralized, and a fairly high acidity in the fresh soup may be compatible with strict neutrality in the same sample, after long keeping. In this case, iron goes into solution (with possible traces of tin or lead). The discoloration complained of is usually due to solution of iron, which is not poisonous. Lead was not found in any sample, insignificant traces of tin in four samples. As regards the contents, these were found to be good in 137 samples and slightly

unsound in 11 samples; none, however, could be regarded as spoiled or dangerous to use. The analyst acknowledges his inability to distinguish between chicken flesh and veal, or other substitute, in soups; further work must be done before a definite pronouncement can be made on that matter.

Arthritis Deformans.

A therapeutic test helps to prevent confusion, in making a diagnosis between the arthritic disease which follows acute rheumatism and arthritis deformans. Rheumatic patients are benefited by hot baths, diaphoresis and Bier's active hyperemia, while patients with arthritis deformans are made worse by these measures. Rheumatic patients are benefited by a light diet; patients with arthritis deformans require a liberal and generous diet. Bony outgrowths about the affected joints characterize arthritis deformans, and, until they can be felt, a diagnosis may be almost impossible. If the temporo-maxillary joints are affected, the diagnosis is probably arthritis deformans, or blenorrhagic arthritis, as chronic rheumatism is said not to attack these joints.

The etiology of arthritis deformans is obscure. Dr. Savill (A System of Clinical Medicine), who believes it to arise from a chronic toxemia, possibly of intestinal origin, says: "I have known of three very chronic cases which improved remarkably under the combined current, with three weeks' rigid 'Salisbury' diet, followed by a very generous diet. High frequency currents do good in some cases."

Dr. E. H. Ochsner (*Journal of the American Medical Association,* March 5, 1910), who believes that this disease is the result of long-continued auto-intoxication, and that the joint disease itself is the result of a chemical instead of a microbic process, says: "In many cases the progress of the disease can be stopped by removal of offending appendices, hemorrhoids, and other causes of irritation." In advanced cases, where the

original cause has ceased to be operative, or in which the primary lesion cannot be located, Dr. Oehsner devotes attention to the relief of pain by the means of surgical measures. The relief of pain in an inflamed joint calls for the recognition of two distinct principles: First, a rigid retention apparatus; second, the placing of the affected limb in such a position that the antagonistic muscles surrounding the inflamed joint are kept in a state of equilibrium. He describes two cases so treated, in which marked success was obtained.

Desirability of Uniform Weights in Railway Passenger Cars.

The weights of passenger cars (C.P.R.) are as follows: Sleeping car, 110,000-153,000 lbs. (average, 140,000 lbs.). Dining car, 125,000 lbs.; parlor car, 95,000 lbs.; tourist car, 110,000 lbs.; colonist car, 80,000 lbs; first-class passenger car, 100,000 lbs.; second-class passenger car, 50,000 lbs.; baggage car, 83,000 lbs.; mail car, 83,000 lbs. We understand that the average weight of a Pullman car can be taken as 140,000 lbs.

In making up trains which contain cars of different weights, the heavier cars are usually placed at the rear end of the train. Should a "head-on" collision occur between two trains, the heavier cars—Pullman cars—smash through the day coaches of lighter build, and the chief loss of life is among the occupants of the lighter cars. Several inventions have been made for preventing such accidents; but, even if an inventor had discovered a plan for constructing passenger cars so as to obviate telescoping, the railway companies would not, under present circumstances, be obliged to adopt it. Neither do the companies wish to discard dining cars and sleeping cars, which, at a small outlay, may be remade into serviceable day coaches, although such converted day coaches are of less weight than the sleeping cars and dining cars at present in use.

As a general proposition, it may be said, that efforts should be made to so increase the weight of day coaches as to make

them uniform in weight with Pullman cars. The resistance of day coaches would thus be so increased that, in case of a collision, they would not be telescoped by the cars at the rear end of the train. The risks of smashing and telescoping day coaches by the heavier Pullman cars would thus be much reduced, and any apparent unfairness to the poorer class of persons who, when travelling by rail use day coaches, would be removed.

If the principle of equalizing the weights of passenger cars, so as to prevent telescoping, is quite sound, there does not seem to be any mechanical reason why it should not be applied in practice. It may ultimately receive the support of the Board of Railway Commissioners of Canada, and a Federal law may be passed, requiring its adoption by Canadian railway companies. As loss of life in collisions is expensive to the railway campanies, a law of this nature would be rather in the interest of the railway companies than indicative of hostility to them.

Physical Exercise in the Treatment of Tuberculosis.

Exercise is a necessary procedure in the treatment of a curable, tubercular patient. As the ability of such a patient to gain in weight is desirable, forced feeding is tried, a large allowance of flesh meat, eggs and milk being given. Unless this rich diet is properly assimilated, great injury is done to the luckless patient, who may suffer from dyspepsia, gastro-enteritis and high fever.

The air-cells of the lungs, which provide for the entrance of oxygen into the blood and the escape of carbon dioxide and watery vapor into the atmosphere, are seriously crippled in pulmonary tuberculosis. Hence, tubercular patients are easily put out of breath, get rapidly tired on making a slight exertion, and, consequently, if left to themselves, will not take enough oxygen into the blood to carry on in a proper manner the ordinary purposes of life, much less to dispose of a large and very nutritious

diet. They have no craving for food; the appetite is poor, and forced feeding is not relished.

When the blood is not properly oxygenated, owing to deficient respiratory action in crippled lungs, the body of the patient, if liberally nourished, becomes charged with poisons, some of which are absorbed into the system from the overworked and weakened digestive organs.

Exercise should, therefore, be brought into play to enable tubercular patients to develop the crippled lung tissues, and, unless there should be some special contra-indication, such as hemorrhage, exercise in the open air should be taken every day by these patients.

There are several exercises suitable for the development of the lungs, explanations of which, with illustrations, may be found in manuals of physical culture. Indian clubs and dumb-bells are not really required; the necessary movements may be effected without the assistance of apparatus. In a sanatorium an exercise class could be formed, and the movements taught, by a teacher. If the Canadian sanatoria have not already adopted the exercise treatment in tuberculosis, they should look into the matter. J. J. C.

Correspondence

The Editor cannot hold himself responsible for any views expressed in this Department.

THE STATUS OF MEDICAL MEN UNDER THE NEW INSURANCE BILL

To the Managing Editor, CANADIAN JOURNAL OF MEDICINE AND SURGERY:

DEAR SIR,—For upwards of three years this Act, in some form, was before the Parliament of Canada. Ample time was therefore taken to consider every section, and note carefully its bearing upon the interest affected. There was thus given also an opportunity for those who wished to offer any suggestions or raise any objection to place their views before the Government.

When the Life Insurance Bill was laid on the table of the House of Commons, it at once became apparent that there were three clauses that were very objectionable from the standpoint of the medical profession. These clauses were in the first draft, and are still in the Act as passed by Parliament.

Under "Interpretation," the definitions at the beginning of the Act, we have:

(*h*) "'Officer' includes the manager, secretary, treasurer, actuary and any other person designated as 'officer' by the by-laws of the company."

In section 98, sub-section 4, dealing with Life Insurance Companies that were in operation when the Act came in force, we read:

"The manager of the company may be a director of the company, but no agent or paid officer, other than the manager, shall be eligible to be elected as a director. The words, 'paid officer' in this sub-section do not include the president and vice-president, or the president and first vice-president (if more than

one) elected under the provisions of sub-section 9 of this section."

The next clause to which objection was raised by many medical men deals with Life Insurance Companies that may be organized after the passing of the Act. It is as follows:
may be a director, but no agent or paid officer, other than the

Section 146, sub-section (*f*): "The manager of a company manager, shall be eligible to be elected as director. The words 'paid officer' in this paragraph do not include the president and vice-president, or the president and the first vice-president (if there is more than one vice-president) elected under the provisions of paragraph (*k*) of this section."

It became quite apparent that the purport of these clauses was to prevent any medical practitioner from being a director of the company for which he acted as medical advisor, if for such advisory work he received any remuneration.

Medical officers of the various companies in Toronto held a meeting and appointed Dr. T. F. McMahon and myself to lay their views before Hon. W. S. Fielding, the Finance Minister, and the Committee on Banking and Commerce, which was then engaged in the consideration of the bill, clause by clause, and also in the hearing of the opinions of those interested in the bill. Dr. McMahon and I visited Ottawa and laid the views of the medical directors, given us personally or by letter, from all over Canada before the Finance Minister, Mr. Fielding, and the said Committee. What we said on that occasion is to be found in the proceedings of the House of Commons, and will stand upon its own merits.

In addition to this, many letters were written to Mr. Fielding and the other members of the Government, and to prominent members of the Opposition, and also to many members of the Senate. All this had no effect, and the Insurance Bill was put through both the Commons and the Senate in the form as quoted in the foregoing clauses.

In the spring of 1909, it was expected that the bill would then be put through both Houses of Parliament. In addition to every effort that had been made, I sent the following telegrams:

Toronto, May 13th, 1909.

Sir Wilfrid Laurier, Ottawa:

I challenge the right of Parliament to say that the Medical Profession of Canada cannot be trusted. The Insurance Bill states this. It allows other classes to receive salary and sit on the boards, but forbids medical men doing so. The bill should be amended to remove this glaring injustice.

JOHN FERGUSON.

Toronto, May 13th, 1909.

Hon. W. S. Fielding, Ottawa:

The Insurance Bill is a great injustice to medical men of Canada. It declares them unworthy of trust, and they cannot sit on boards of companies if they receive any remuneration for services. Other classes may receive salary and sit on boards. This is taking away a privilege when no good can be accomplished thereby.

JOHN FERGUSON.

The bill was laid over, however, for that session, and came up again during the session of last winter. As the bill came back from the Senate, it contained the objectionable clauses, so far as medical men are concerned. I then wrote Hon. W. S. Fielding, who had charge of the bill, as follows:

Toronto, March 5th, 1910.

Hon. W. S. Fielding, Ottawa:

DEAR SIR,—The Insurance Bill is now about complete. On the whole, it is a good bill, and will do much for the interests of these great financial companies.

There is one phase to which I wish again to call your attention. The bill provides that only the president, the vice-president and the manager may be on the board and receive a salary.

The effect of this is to force the medical directors off the boards of their companies, because these gentlemen receive a remuneration for their services.

It does seem too bad that an entire class should be placed under the ban of the law in this way. The Act means that no doctor, because he is paid for his services, may sit on the board of his company.

Business men, lawyers, etc., may fill the offices of president, vice-president, and manager; draw salaries and sit on the boards of their companies. Not so with the doctor.

This is not fair, and I ask you if you think it is? If it is not fair and just, then change the bill to do the right thing by the medical men.

Yours truly,

JOHN FERGUSON.

The medical profession is now put in possession of the facts. So far as the Act is concerned, the meaning is quite plain—that there is not a doctor in Canada that does not come under the penal terms of this Act. No matter what his interest in a Life Insurance Company, by way of stock or insurance, may be, the law states that he cannot sit on the board of directors, if he receives any salary for his responsibile duties as medical officer of his company. The manager may receive any salary the company pleases to pay. So may the president and the vice-president. These gentlemen, in the eyes of the law, can be trusted to do their duty, and that the remuneration they receive will not blind their eyes; but not so in the case of the doctor. As soon as he receives a salary, he can no longer be trusted. He cannot hold a seat on the board.

There is, perhaps, one loophole through which the doctor may escape the penalties placed upon the whole medical profession by this Act. The first clause, which I have quoted, states that the word "officer" includes the manager, secretary, treasurer, actuary and any other person designated as "officer" by the by-laws of the company.

If the medical advisor of any company can induce his board to pass a by-law to the effect that he is not an "officer," indeed, may be ranked with the office boy in status, then, perhaps, he may escape technically the meaning of this Act. This is doubtful, and may remain so until the courts decide a case. One thing

is clear, namely, the medical advisor of a Life insurance company, if he is dignified with the title of an "officer," cannot occupy a seat on the board. No other class is so treated. While the bill was before the House of Commons and the Senate, a number, including the writer, made every effort to have the objectionable clause deleted from the bill, but without avail. Therefore it is that the whole medical profession is placed in a class by itself, and, in the eyes of the Life Insurance Bill, a disqualified class, or one of the rank of the office boy; that is, if the doctor is to hold a seat on the board of his company, and receive any salary, he cannot be called an "officer."

I am, yours truly,

JOHN FERGUSON.

264 College St., Toronto.

News of the Month

THE CANADA MEDICAL ACT

The cause of Dominion Registration was advanced another step at the recent meeting of the Canadian Medical Association, in Toronto. The Amendments to the Canada Medical Act suggested by the committee representing the Provinces, which met Dr. Roddick in November last, were unanimously adopted at one of the general sessions of the Association.

The bill now gives two representatives to each of the Provinces, to be elected under regulations to be made by the Provincial Medical Councils. The larger Provinces, be it said to their credit, gave way on this difficult question, so that the little Island of Prince Edward will now have the same representation on the Dominion Council as the large Province of Ontario. On the other hand, the universities will increase the representation of Manitoba, Ontario, Quebec and Nova Scotia. All told, the Dominion Council will now have a membership of thirty-one.

It was decided that every candidate for the Dominion license must either have a Provincial license, or must present a certificate from the Registrar of his own Provincial Medical Council that he holds a medical degree, accepted and approved of by the Medical Council of said Province.

The terms of the Retroactive Clause, already referred to in these pages, were adhered to, namely, that after ten years any practitioner in good standing may claim a Dominion license without examination. But it shall be competent for the Medical Council of any Province, not satisfied with the period of years prescribed, to exact from practitioners an examination in the final subjects only. It is not expected that all the Provinces will avail themselves of this provision, although it was thought well to have such a safeguard in the event of a stampede towards any Province.

The Reciprocity Clauses in the original bill were all expunged, being really unnecessary since the passing of the Laurie Amendment to the British Medical Act, which provides

that any Province may, through its Legislature, when so minded, arrange a scheme of reciprocity with the British Medical Council.

The Amended bill will be submitted to the Dominion Parliament at its next session, and will come into force just as soon as all the Provinces shall have secured their enabling clause from their respective legislatures.—*The Montreal Medical Journal.*

CARBON DIOXID SNOW IN DERMATOLOGY*

Freezing was first employed as a cauterant less than ten years ago. Liquid air, at first resorted to, has been found of too extreme frigidity, and hence difficult to handle with entire safety. To-day specialists generally appreciate the superiority of carbon dioxid snow over liquid air. Dr. Richard L. Sutton, Kansas City, Mo., calls the attention of the general practician to the facility with which the snow may be utilized, and the excellent results that can be obtained in selected cases.

Carbon dioxid gas, which is almost universally employed in operating soda water fountains, is obtained by the combustion of coke, the gas being condensed by pumping it into heavy, wrought-iron cylinders at a pressure of twenty atmospheres. Each of these containers holds twenty pounds of the liquefied gas, sufficient for fifty or more ordinary treatments. The cost is about $2.50 per twenty pounds.

In order to secure the snow, which forms when the gas is allowed to escape into external air, the container is first tipped up until the valve end lies six inches below the level of the closed extremity. A frame, consisting of two forked uprights, one eighteen inches in height, the other two feet, rendered stable by a connecting bar three feet in length, is a rough but efficient stand for the cylinder. Chamois is used to protect the fingers, and for making a pocket in which to condense the gas and form the snow. The more firmly the snow is compressed the more slowly does it melt. The inexperienced operator is apt to waste about half the product.

*See advertisement Goosamann Carbonic Machinery Co., Chicago, page lxix, this issue.

Applications of the snow are made with bits firmly compressed in a convenient shape and size. The effect produced depends upon the amount of pressure and the duration of the freezing. From ten to sixty seconds is long enough to keep the snow in contact. Firm applications of longer than thirty seconds usually give rise to more or less scarring.

For the first day or two the vesicle may be protected, if necessary, by a perforated felt pad, but when fully developed it should be drained and an antiseptic dusting powder applied for twenty-four hours.

Later, the lesion is dressed with a 1 per cent. ammoniated mercury ointment until it heals.

At present Dr. Sutton is confining its use, for the most part, to a rather limited number of pathologic conditions: naevi, lupus erythematosus, chloasma, senile keratoses, plantar and palmar warts, obstinate, circumscribed patches of chronic eczema, and seborrhoic dermatitis, and superficial epitheliomata.

THE HENRY PHIPPS INSTITUTE FOR THE STUDY, PREVENTION AND TREATMENT OF TUBERCULOSIS

Mr. Henry Phipps, of New York has selected the University of Pennsylvania to carry on the work of the Phipps Institute. Mr. Phipps has already acquired ground in Philadelphia on which will be erected a hospital for this purpose. The extent of the benefaction exceeds $5,000,000.

The report of the committee appointed to consider the future policy of the Institute has been approved by Mr. Phipps and the Trustees of the University.

The work will be divided into three general departments, each of which will be presided over by a director. For the Directorship of the Laboratory, Dr. Paul Lewis, now of the Rockefeller Institute, has been selected. For Directorship of the Sociological Department, Mr. Alexander M. Wilson, of the Boston Association for the Relief and Control of Tuberculosis. Dr. H. R. M. Landis has accepted the appointment as Director of the Clinical Department.

In addition to a board of eight directors, who will be directly responsible to the Trustees of the University, an Advisory

Council has been created and will meet annually at the Institute. The following have accepted the invitation to serve as members of this body: Dr. Samuel G. Dixon, Harrisburg, Pa.; Dr. S. McC. Lindsay, New York City; Dr. William H. Baldwin, Washington, D.C.; Dr. Herman M. Biggs, New York City; Dr. William H. Welch, Baltimore, Md.; Dr. Theobald Smith, Boston, Mass.; Dr. Gideon Wells, Chicago, Ill.; Dr. Simon Flexner, New York City; Dr. James A. Miller, New York City; Dr. Lawrence Brown, Saranac, N.Y.; Dr. Henry Baird Favell, Chicago, Ill., and Dr. James Pratt, Boston, Mass.

THE IMPORTANCE OF PEDIATRICS AND THE POSITION OF SURGICAL PEDIATRICS IN THE COLLEGE CURRICULUM

The importance of pediatrics as a study in our medical schools, and recognition of the surgical diseases of children as a department of study, was among the admirable features of the report on curriculum presented at the meeting of the Association of Medical Colleges, held in Baltimore in March. The report placed the minimum number of hours to be devoted to pediatrics at 150, which is an increase of 50 per cent. over the present requirements of the Association, and yet is a very modest share of the 4,000 hours of the clinical years (the third and fourth years) of the college course. Dr. H. D. Arnold, of Boston, was chairman of the sub-committee on curriculum for the clinical years, and Dr. S. W. Kelley, member representing pediatrics. The report goes on to say: "The allowance for pediatrics is intended to include instruction in the exanthemata. In many other ways medicine and pediatrics overlap. Useless repetition can only be avoided by a proper understanding between the teachers of these two subjects, and a certain elasticity should be allowed a school for the purpose of assigning time to one subject or the other according to where the borderland subjects can best be taught. In the same way, pediatrics and surgery touch and overlap. In one subject or the other the surgery peculiar to children should receive attention. Valuable suggestions in relation to the teaching of pediatrics will be given in an appendix to this report."

CANADIAN SURGEON HONORED

Dr. Alexander Hugh Ferguson, one of the best-known of Chicago's physicians, and a popular ex-Canadian, was recently elected president of the Chicago Medical Society in a most keenly contested election. Dr. Ferguson is a native of Manilla, Ont., where he was born in 1853. He was educated at Rockwood Academy and Manitoba College, and began his medical studies under Dr. John H. O'Donnell at Winnipeg, in 1877. He took a course in the medical college of Trinity University, becoming honor graduate, M.B., in 1881, and later, in the same year, honor graduate M.D., C.M., of Trinity University. He spent part of his time, soon after his graduation, in visiting various American hospitals and in taking a special course at Koch's laboratory, Berlin. He entered upon the practice of his profession at Buffalo, N.Y., in 1881, but soon after returned to Winnipeg, where he practised until 1894, at the same time being largely instrumental in founding the Manitoba Medical College, and was chosen first President of the Manitoba Branch of the British Medical Association. Since 1894 he has been an eminent member of the medical profession in Chicago. He was induced to go there as professor of surgery in the Post-Graduate Medical School, and in 1900 was elected to the position he now holds as professor of clinical surgery in the College of Physicians and Surgeons, the medical department of the Illinois State University. Dr. Ferguson was notified not long ago that he had been awarded a commandership in the Order of Christ, of Portugal, the highest decoration that King Carlos of that country can bestow on anyone outside of royalty. —*Toronto Saturday Night.*

CONTROLLED NEWSPAPERS

The *Atchison Globe* says that no advertiser has ever tried to control its editorial policy, the remark being occasioned by the charge often made nowadays that the big advertisers direct the editorial policy of newspapers.

The experience of the *Globe* is the experience of most news-

papers. The merchant who does a great deal of advertising is more interested in the circulation department of a newspaper than in the editorial department. If a daily paper goes to the homes of the people, and is read by them, he is satisfied, and it may chase after any theory or fad, for all he cares. He has troubles of his own, and he isn't trying to shoulder those of the editorial brethren.

There are newspapers controlled by people outside of the editorial rooms, and a good many of them, more's the pity; but the people exercising that control are not the business men who pay their money for advertising space. The newspapers which are established for political purposes are often controlled by chronic officeseekers, whose first concern is their own interests. There are newspapers controlled by great corporations, and the voice of such newspapers is always raised in protest against any genuine reform.

The average western newspaper usually is controlled by its owner, and he is supposed to be in duty bound to make all sorts of sacrifices at all sorts of times; there are people who consider it his duty to insult his advertisers, just to show that he is free and independent. If he shows a decent respect for his patrons, who pay him their money, and make it possible for him to carry on the business, he is "subsidized" or "controlled." The newspaper owner is a business man, like the dry goods man or the grocer. The merchants are expected to have consideration for their customers, and they are not supposed to be subsidized by the man who spends five dollars with them; but the publisher is expected to demonstrate his courage by showing that he is ungrateful for the patronage of his friends. It is a funny combination, when you think it over.—*Emporia Gazette.*

D. D. D. Lawn Tournament Next Month.—A cordial invitation is extended to the druggists, dentists and doctors of the Dominion to visit the city in September, and take in the D.D.D. Lawn Bowling Tournament, which will, as usual, be held on the beautiful lawns of the Granite Club.

Programmes of the tournament will be issued later, and will be mailed on application to the Secretary, Mr. W. B. Graham, Registrar-Treasurer of the Ontario College of Pharmacy.

The Physician's Library

Diseases of the Ear. By Hunter Todd, M.A., M.B., B.C. (Can tab.); F.R.C.S. (Eng.); Aural Surgeon to the London Hospital, and Lecturer in Aural Surgery at the London Hospital Medical College; Late Surgeon to the Throat and Ear Department, Paddington Green Children's Hospital. London: Henry Frowde, Oxford University Press; Hodder & Stoughton, Warwick Sq., E.C. This book can be procured from the Canada Law Book Company, 32-4 Toronto St., Toronto, at 40 per cent. discount.

This is one of the Oxford Medical Manuals and adds considerably to the reputation of these books. The book is intended especially for those who have not had opportunities of study. The author has succeeded in writing a very practical book, easy to read and decidedly up-to-date. The general practitioner and the student will find all his requirements filled in this book.

P. G. G.

Text Book of Nervous Diseases and Psychiatry. By Charles L. Dana, Professor of Nervous Diseases in Cornell University Medical College, etc., etc. Seventh edition. Published by William Wood & Co., New York. For sale by the J. F. Hartz Co., Toronto.

The seventh edition of this excellent text-book is in every respect worthy of its predecessors. The subject has been brought well up to date, and the author has introduced into one volume, not too large for a student and yet sufficiently large to supply much information to those of wider reading, a text-book which in its conciseness and clearness will rank high among the works of neurology of to-day. Hence the book will be most useful, not only to the student and the general practitioner, but also to the specialist. The classification of nervous diseases has been somewhat altered by the modern knowledge of general pathology as modified by bacteriology. There is no doubt, as the author says, that a good deal of havoc will be wrought eventually in our conception of nervous diseases by the newer pathological

doctrines. That many of our conceptions in regard to the psycho-neuroses will materially change in the next few years is beyond question. The vast amount of work, however, which has been done in the past few years in this branch of medicine makes one very hopeful for the future. The chaos which has so long existed in the classification of insanity has been naturally reflected upon the classification of the less pronounced forms of psychical disease. A purely pathological basis on which to build a foundation is, of course, lacking, and will be for many years to come. We are, however, daily confronted with the clinical difficulties which these diseases present, and while a definite clinical classification is almost as embarrassing as a pathological one at present, the urgent demand for treatment is such that this must now be our primary consideration, and the results here obtained when combined with those of the pathological laboratory will ultimately solve the question. The type of disease must ever remain the same whatever designation may be applied to it. In this edition the author describes as psychasthenia the disease which in the last edition was described as phrenasthenia. Whether time will confirm this view, further developments alone will decide. While personally we would prefer to approach nearer to an anatomical basis and describe it as encephalasthenia or cerebrasthenia, the type can be clearly recognized by any of the above. By some this disease would be styled dementia præcox, but this waste-paper basket is already filled to overflowing, and it is to be devoutly hoped that no further additions will be made to it.

The two hundred and sixty-one engravings and three plates in colors are well done, and the entire book reflects the greatest credit on both author and publishers. C. M.

The Optic Nerve and the Accessory Sinuses of the Nose. By Prof. A. Onodi, University Buda Pest. Translated by J. Luckhoff, M.D. Edin. With fifty illustrations. London: Bailliere, Tindall & Cox. 1910. 10s 6d, net.

There are many gaps in our knowledge of the causation of Optic Neuritis and Optic Atrophy. Of late a great deal of attention has been paid to the possible influence of disease in the nasal accessory sinuses upon the optic nerve. The difficulty is

that optic neuritis may co-exist with suinsitis, and yet not be due to it, and the sinusitis nearly always is unassociated with optic neuritis. The association might prove to be more frequent if the eye were examined with the ophthalmoscope and the field of vision carefully searched for scotomata. No one could be better qualified to treat of the anatomy of this subject than Prof. Onodi, whose previous "Atlas of the Accessory Sinuses of the Nose" is the standard work on the subject. M.

International Clinics. A Quarterly of Illustrated Clinical Lectures and especially prepared original articles on Treatment, Medicine, Surgery, Pediatrics, Obstetrics, Gynecology, Orthopedics, Pathology, Dermatology, Ophthalmology, Otology, Rhinology, Laryngology, Hygiene and other topics of interest to students and practitioners, by leading members of the Medical Profession throughout the world. Edited by W. T. Longcope, M.D., Philadelphia. Volume IV. Nineteenth Series. Lippincott Company.

The present volume will be found especially interesting, as it contains a number of articles in which recent and important advances in medicine and surgery are discussed at length and in detail.

The first article on treatment deals with the employment of antimeningitis serum by the discoverer, Simon Flexner, M.D. The paper describes at length the methods of administration and dosage, and contains a summary of cases in which the serum has been employed. The author discusses the method of production of the antitoxin and the theory of its therapeutic action.

"The Use of Tuberculin in Treatment" is the subject of an excellent paper by Louis Hanman, M.D., of Baltimore. The author deals with the subject in an exhaustive manner.

"The Diagnosis and Treatment of Pernicious Anaemia," by W. C. Bierring, M.D., University of Iowa, will be found to contain much that is interesting in the study of this disease. A special feature is the frequency with which disturbances of the nervous system occur, many cases exhibiting symptoms which are to be attributed to degenerations affecting the spinal cord. These degenerative changes occurring more particularly in the posterior columns produce various disturbances, chiefly of sensation. Altogether the article is a most instructive one.

An excellent paper on "The Rontgen Diagnosis of Pulmonary Tuberculosis," by Charles Lester Leonard, M.D., of Philadelphia, one of the pioneers in this department in America. The article is accompanied by a remarkable series of illustrations, and will be found to contain much that is instructive to those engaged in this work.

Noteworthy articles in this volume are "Adrenal Insufficiency," by Emile Sergent, M.D., Paris; "Gouty Phlebitis," by Sir Dyce Duckworth; "Infantile Typhoid," by Louis Froher, M.D., of New York; "Teratoma of the Mediastinum," "Surgery of the Prostate," by Deane, of Philadelphia; "Epiploitis following Radical Cure of Hernia," by Cumston, of Boston; "Early Diagnosis of Cancer of the Uterus," by Thos. Cullen, M.D., of Baltimore.

The present volume well repays perusal, and in our opinion is the best of the series. W. B. T.

Diseases of the Stomach and Intestines. By Robert Coleman Kemp, M.D., Professor of Gastro-Intestinal Diseases, New York School of Clinical Medicine. Octavo of 766 pages, with 279 illustrations. Philadelphia and London: W. B. Saunders Company, 1910. Cloth, $6.00 net; half morocco, $7.50 net. Canadian Agents: The J. F. Hartz Co., Ltd.

Notwithstanding the fact that there have been several medical works on the Diseases of the Stomach and Intestines published of recent years, it cannot be said that Dr. Kemp's book, just issued by W. B. Saunders Company, is not a valuable addition to the literature on this subject. A criticism, however, that might fairly be made of at least some of the volumes upon this subject is that they are written too much for the specialist, and have not been written with an aim to assisting as much as they should the general practitioner, who has not the time to wade through a cumbersome volume on any subject. Dr. Kemp has succeeded in this volume in laying before the profession a great deal of valuable material upon a subject of which he has made a study for many years past. His volume covers in all thirty-three chapters and makes a book of about seven hundred pages. He has illustrated his text very freely indeed, something that always adds materially to the value of any book. Considerable

space has been devoted to the subject of visceral displacements, this topic having assumed quite a prominent place in recent discussions. The chapter on Typhoid Fever is undoubtedly one of the best. Under treatment of typhoid fever he states that sour milks, such as matzoon, kumyss and lactone buttermilk, are much better than plain milk. He claims that the effervescence should be allowed to a great extent to pass from kumyss before administration to the patient, and it is especially preferable when diluted with lime water. Matzoon and the thicker sour milks should be diluted with plain water or Vichy that has become flat, in order to avoid distension. Dr. Kemp recommends plenty of cold sponging with alcohol and water combined with friction when the temperature reaches 102.5 F. He is opposed to the Brand method of administrating baths. He recommends the use of strychnine and Hoffmann's anodyne in the bath, which should last not more than twenty minutes. He recommends in medicinal treatment that Antipyreties should be avoided. He is in the habit of ordering magnesium sulphate every second or third day, and finds that by that means Tympanites is avoided. He makes no reference to mercurial treatment at all.

The chapter devoted to Diet is also well worthy of perusal, and, under the heading of Catarrh of the Stomach, he gives some valuable information.

Clinical Obstetrics. By Robert Jardine, M.D. Edin., M.R.C.S. Eng., F.F.P. & S. Glas., F.R.S. Edin.; Professor of Midwifery in St. Mungo's College, Glasgow; Physician to the Glasgow Maternity and Women's Hospital; Examiner in Midwifery to the Scotch Conjoint Board; Examiner in Midwifery to Victoria University, Manchester; Chairman to the central division of the Glasgow and West of Scotland branch of the British Medical Association; Formerly Examiner in Midwifery to the University of Glasgow; Late President of the Glasgow Obstetrical and Gynecological Society, Etc. With 108 illustrations and four colored plates. Third Edition. Toronto: The J. F. Hartz Co., Limited. 1910.

It is seldom that any medical book contains half-tone illustrations of Clinical cases, and as the great majority of students gain their knowledge of obstetrics by their observations, and a

small amount of practical work, it follows that a large percentage of men have to learn about all their practical obstetrics after they go forth into the world, upon their own responsibility, trusting to their memory of the book-work and of the six or dozen cases seen or possibly conducted during college days. It is unfortunate that practical work in obstetrics has to be so limited during the student's career, and to overcome this obstacle, as much as it is possible by presenting clinical cases, is the object of Dr. Jardine's book. He not only records the successful cases, but the unsuccessful as well, for they are the ones that teach us most. The work is an undoubted success, and will surely be appreciated by the practitioners who purchase a copy. C. F. M.

Refraction and How to Refract. By James Thorington, A.M., M.D., Professor of Diseases of the Eye in the Philadelphia Polyclinic. Fifth Revised Edition. Philadelphia: P. Blakiston's Son & Co. 1910. $1.50 net.

More profusely illustrated than ever. 251 illustrations. The fifth edition of this well known elementary book makes its appearance. With the student or practitioner beginning to do refraction work Thorington will always be popular. It is interesting to read that an edition is about to be brought out in Chinese. M.

The Nutrition of the Infant. By Ralph Vincent, M.D., M.R.C.P., Senior Physician to the Infant's Hospital, Westminster. Third Edition. London, England: Bailliere, Tindall & Cox.

Dr. Vincent presents his work in a very handsome form. The publishers should be congratulated on the excellent type and setting of the book.

The work is of its kind excellent. Much of it being a resume of that produced by Dr. Rotch, of Boston, of whom Dr. Vincent is evidently, and firstly, a sincere admirer. There are an immense number of recipes for milk mixtures for the practitioner to take his choice from, but it is not very clearly defined as to the condition to which such is applicable. Moreover, there are a vast number too many of them, and a tyro reading this book would fancy infant feeding far too complex a subject for the mind of the ordinary, everyday family physician. Such we do

not think is the case. Infant feeding is no Japanese puzzle. The physician knowing the composition of mother's milk should be able to write milk mixtures quite freely without committing to memory the great number of specimens given us by Dr. Vincent.

The chapters on Gastric Disorders, Zymotic Enteritis, Atrophy, Rickets and Scurvy are good in subject matter, but not convincing. A. B.

Clinical Treatises on the Pathology and Therapy of Disorders of Metabolism and Nutrition. By Prof. Dr. Carl Von Noorden, Professor of the First Medical Clinic, Vienna. Part IX. Technique of Reduction Cures and Gout. Authorized American Edition. Edited and translated under the supervision of Alfred C. Crofton, M.D., Chicago, Ill. New York: E. B. Treat & Co. 1910.

In reference to the genesis of obesity, the author shows that this condition may not be due to overfeeding or to lack of exercise, but to hypothyroidism. He discusses reduction cures under the heads of diet, muscular exercise, mineral water cures, hydrotherapy, and also by thyroid therapy. He regards hypothyroidism as a cause of retarded metabolism. If confronted with a case of obesity due to hypofunction of the thyroid, he recommends the administration of thyroid preparations; whereas, in cases of obesity from overfeeding or lack of exercise, reduction of the amount of food or increase of muscular labor would constitute an etiological method of treatment. Prof. Von Noorden says, among other observations, that one finds in a gouty subject a chronic retention of uric acid, interrupted by an occasional critical elimination, associated with more or less violent local inflammatory phenomena and general toxic symptoms. Analysis of the urine and of the feces of a gouty patient reveal deficient outputs of uric acid in their excretions; analysis of the blood shows in it the presence of an abnormal quantity of uric acid. Neuritis, sciatica, nephritis, iritis, neuritis of the vagus nerve may develop in gouty patients after typical attacks of acute gout have been suppressed. By a diet of milk, cream, butter, cereals, vegetables and fruit an effort is made to lessen the amount of uric acid in the gouty organism, but the most careful diet cannot prevent self-intoxication in gout. The one thing

that can be done is to keep the production of uric acid at a low level by a purin-free diet.

The author is opposed to vegetarianism in effecting a reduction cure of obesity in a gouty patient, preferring to let the patient run the risk of getting an acute attack of gout from a meat diet rather than see him become weak on a vegetable one. Medicinally, he favors colchicum in acute attacks, because this medicine accelerates the outpouring of uric acid; but he denies that it increases the output of uric acid in a typical gout, or at other times than during an acute attack. He favors Homburg and Ragocksy spa waters as means of increasing the output of uric acid, though he cannot tell why they act in this manner.

J. J. C.

Medical Education in the United States and Canada. A Report to the Carnegie Foundation for the Advancement of Teaching. By Abraham Flexner, with an Introduction by Henry S. Pritchett, President of the Foundation. Bulletin No. 4, 576 Fifth Avenue, New York City.

In this very complete report on the present status of medical schools in the United States and Canada, the facts concerning medical education and the medical schools themselves at the present time are set forth. The schools have been separately visited by inspectors, and, in the case of the American schools, the statements made about them have been checked with the data in possession of the American Medical Association, and with the records of the Association of American Medical Colleges. The details, as stated, go forth with the sanction of at least two, and frequently more, independent observers. The inquisitorial efforts of the Carnegie Foundation have been fairly met by the medical schools, who have supplied every facility to learn about their real status, opportunities and resources.

The report comes at an opportune time, when much interest is felt by the profession and the doctors in the quality of the medical instruction given in medical colleges. It is certain that some of those colleges will not relish the advertisement they get in the report, while others will be gratified. We hope that good results will flow from the fearless criticisms made in the publication.

J. J. C.

THE "ERINDALE" METHOD OF HANDLING MILK*

Messrs. Price & Sons, of Toronto, proprietors of "Erindale" Dairy Farm, are anxious that medical practitioners generally have an opportunity of seeing for themselves the method they adopt in order to supply the public with a pure milk. "Seeing is believing," and this firm are prepared and will take pleasure in taking out at any time to their farm, situated a few miles west of Toronto, any medical man who is sufficiently interested. They will convey three physicians at a time by motor, all they ask being a few hours' notice. The trip on a summer afternoon is a delightful one, the Dundas road having been repaved almost the entire distance. In order to be able to supply a pure milk it is absolutely essential that, not only those handling the milk shall be clean and that all vessels containing the milk are sterilized, but just as important that the cow byre and the condition of the animals themselves be beyond question. Cleanliness and ventilation of the byres are even more necessary than actual warmth. At least one thousand cubic feet should be allowed to each cow and free ventilation secured by ample openings in the front wall, closed, of course, against snow or extra cold. The floor should be of bricks or concrete and not of cobbles, which cannot be kept clean. In tying up the cows, their heads should not be close to the wall, as they are apt to bespatter it with their nasal mucus, and one infected animal could infect many others occupying the same stall after her. The strawyard should be kept as clean and dry as possible, well paved with concrete, and drained. Drinking troughs should be supplied from a cistern and frequently cleaned. The practice of allowing cows to drink from ponds that have been contaminated by drainage is entirely detrimental to their milk, as also to their health. The process of milking is in many dairies nothing short of disgraceful. The cows are not cleaned as they should be, and the hands of those milking are frequently infected. Cows should, like horses, be groomed regularly, and before milking their udders should be thoroughly cleaned with warm water.

The above directions are taken from an article by a well-known writer on milk supply and are here reprinted, so that

* Publisher's Department.

physicians, when visiting Erindale, can see for themselves how *this dairy is conducted as nearly as possible along lines of cleanliness and thorough hygiene.*

Messrs. Price & Sons take a pardonable pride in their Certified Milk, recent bacterial examinations showing that this milk is, as *nearly* as can be, *free from bacteria.* Physicians can have every confidence in prescribing Price's Certified Milk for patients both old and young.

A PURE GRAPE JUICE, PARTICULARLY SUITABLE FOR USE BY THE SICK*

THERE is perhaps no class of men who know better than physicians how refreshing and palatable, especially to the fever patient, is a little iced grape juice, particularly during the warm weather. That a pure grape juice contains medicinal qualities there is no question, being not only exceedingly refreshing and invigorating, but mildly stimulating in character. Medical practitioners have recognized for years the value of the juice of the grape in the treatment of many forms of sickness, though more especially in the treatment of typhoid fever and other disorders of the intestinal tract, where the tongue becomes coated and parched, and where it is found injudicious to allow the administration of solid food. The writer has known of several cases of typhoid fever where the only food administered was a grape juice, one case in particular where the patient could not digest milk in any form. In Switzerland and Germany there have of recent years been opened establishments known as "Grape Cure Establishments," and where those who have suffered from gastric or intestinal trouble go to have a cure effected, with wonderful results.

There are a number of grape juices on the market, some good and some quite indifferent. One of the really good ones is that prepared by Mr. E. D. Smith, of Winona, Ontario. Mr. Smith bottles nothing but *the pure* expressed *grape juice.* He is anxious that the medical profession should become acquainted with this product, and invites physicians to try it for themselves, and when satisfied that it is all that he claims for it, to prescribe it for their patients. This Grape Juice can be procured at almost any drug store or direct from the manufacturer, and is worthy of more than passing notice.

*Publisher's Department.

The Canadian Journal of Medicine and Surgery

A Journal published monthly in the interests of Medicine and Surgery

Vol. XXVIII TORONTO, SEPTEMBER, 1910 No. 3

Original Contributions

PRESIDENTIAL ADDRESS ON THE EVOLUTION OF THE BRITISH MEDICAL ASSOCIATION AND ITS WORK*

BY HENRY T. BUTLIN, D.C.L., LL.D.

President of the Royal College of Surgeons of England.

Ladies and Gentlemen,—At almost every meeting of the Association the President may choose for the subject of his address anything in the heavens above, in the earth beneath, or in the waters that are under the earth. But this year the subject of the President's address is strictly prescribed by the circumstances of his election. You might have chosen a man far more distinguished in his profession, of greater fame, with title or riband, but you have deliberately taken in preference a less distinguished person for the sole reason that he has worked for the Association, and that you know that he has the interests of the Association at heart. You have, as it were, said to him: "Thou good and faithful servant, take thou the presidential chair." And the only way in which he can repay you for the honor you have done him is to speak of the Association, to tell what it has done in the past and what it now is, and, perhaps, what it may yet do. If it were not my duty it would be my pleasure to do this, for it is good now and again to look back into the past and ponder over the

*Delivered at the Seventy-eighth Annual Meeting of the British Medical Association.

lessons which it teaches, and to see how and to what extent they can be applied to the present and the future; and it is also good in a great city like this, where there are foreign visitors and distinguished guests and special delegates from our branches over-sea, to give them some idea of the work of their and our Association.

I. Annual Meetings.

I could not, of course, give a history of the Association in this address; indeed, I would not if I could, for a large part of it would have no interest for many of my audience. But I would deal with certain features of the Association, and would illustrate them with word-pictures where that is possible. And, first, of the annual meetings, at which everyone knows there is a good deal of eating and drinking and giving of toasts, without which no civilized country seems able to conduct its business. But you shall soon see that the meeetings are not for the sole purpose of feasting and junketing. For that purpose go back to the meeting at Plymouth nearly forty years ago (1871), where the Address in Surgery is read by an English surgeon practising in Edinburgh, to which he has recently been transferred from Glasgow. His name has been during the last two or three years in the mouth of many persons, and there is a good deal of difference of opinion on the value of the doctrines which he professes. As you see him now he is a man some 40 years of age, rather above the middle height, but not tall, of stately presence, with a broad brow and a face which betokens earnestness and amiability, but scarcely, perhaps, that determination of which he gave such signal proof in the course of the next five-and-twenty years. He is very neatly clothed in garments of a sombre hue (indeed, I think he belongs to the sect of Quakers), and his address is slow and without the attraction of eloquence, and he describes his methods with such detail and exactitude as must have been tedious to many of his audience, most of whom do not profess his principles and few of whom follow his practice. Yet this is none other than the great Lord Lister, as yet almost an unknown surgeon, and he is telling to probably the largest number of persons he has hitherto addressed the principles of antiseptic surgery. And thus he finishes:

"For, sure I am, that, however much the means of carrying out the antiseptic principle may come to vary from those which we now use, the principle itself will certainly be ultimately recognized as the most important of all those that shall guide the practice of surgery; and the sooner our profession is aware of this, the better it will be for suffering humanity." (Collected Papers, 1909, vol. ii., 198.)

Now visit with me the town of Worcester 11 years later, where the Association is celebrating its fiftieth anniversary (1882), and enter the town-hall a little late, as I did, for the commencement of the Address in Surgery. This time the speaker is a tall Irishman (Sir William Stokes), and at the very moment you enter he is supporting the antiseptic principles with the true eloquence of his countrymen; and well he may do so, for only three years previously, at a meeting of the Association at Cork, the principles had received a nasty blow from my eloquent and gifted colleague, Mr. Savory. The orator's head is thrown back, his chest well forward, and he is in the full swing of his address, assisting the effect of his words by the grace of his action. He is dressed in a tweed suit, if I see aright, and I really believe that the strap of a field-glass hangs over one shoulder. But he is not, on that account, the less in earnest, and his address is a right-down good address.

And now take six years ago, when a Scotchman occupies the platform at Oxford, tall and stately, a man amongst men (Sir William Macewen), who speaks in grave terms befitting the speaker and the subject. He speaks also, like the others, on sepsis and antisepsis, but the principles have long since been accepted, and it is only questions of detail which occupy the attention of the meeting.

There is only one other address to which I would conduct you—that on pathology at the Cambridge meeting thirty years ago, where my revered master, Sir James Paget, is the speaker. His eloquence is such that had he been blind he would still have been a leader of men; and the genius of his mind looks forth so clearly through his eyes that had he been speechless he might still have commanded many persons to his will. He is speaking on a subject hitherto but little dealt with—"the consequences of injury and disease in the structure of plants." Until that

moment there were few people who were aware that he had ever studied it; but, as he spoke of it, it seemed as if it had been the one great study of his life. You can hear him now, as he says:

"Is there in all the range of natural history a more marvellous group of facts than may here be studied? If you would like to work out a problem in evolution, find how it has come to be a part of the ordinary economy of nature that a gall insect compels some part of a plant to grow in a manner which, while injurious to the plant, becomes useful to one insect not yet born and to another who will, in due time, invade the gall and kill and feed upon its occupant, and then may itself be invaded and eaten by a third." (Memoirs and Letters, 1901, p. 304.)

Such have been the men and of such a kind have been the subjects that have occupied the attention of large audiences at our annual meetings. And although I cannot promise you that the meeting of 1910 will bring forth any great discovery in medicine or change the whole face of surgery, I can confidently promise that the scientific part of the meeting, with its 21 sections, each presided over by a distinguished person, and that the Addresses in Medicine and Surgery will be worthy of so great an occasion.

II. Public Measures.

From its very foundation the Association showed great interest in matters in which the public or the State and the profession were involved. In the first half-dozen years it had appointed committees to consider vaccination, the condition of parochial registers, Poor-law medical relief, medical relief of persons who are poor but not paupers, the suppression of quackery, the sale of arsenic, and other matters, and there was no reason to doubt the existence of that "zeal and alacrity" on the part of the members which had been recommended by Dr. Hastings in his first address at Worcester. They seemed full of energy and enthusiasm. There can be no question that the Association did influence legislation on many of these matters in which the interests of the public and of the profession are involved. But I thought I should like to be able to tell you tonight the history of some one instance, at least, in which the influence of the Association was paramount, and was acknow-

ledged by the public as well as by the profession. My own knowledge did not supply me with any such example, so I turned to my friends, the editor of the *Journal* (Dr. Dawson Williams), and the financial secretary (Mr. Elliston, whose father was a valued member for many years, and President ten years ago at Ipswich), and begged them to help me. Although neither of them could give me exactly what I wanted, they nevertheless did put me on the track of what I wanted, and I followed up the track, as you shall presently see.

In order fully to understand the term "medical reform," I must take you back to the early years of the last century, when a man might practise every branch of medicine and surgery on a qualification obtained by a single examination in either surgery or medicine, to the time of Bob Sawyer and Ben Allen; when the examinations of the various qualifying bodies in Great Britain and Ireland varied remarkably in severity, and there was no central authority which could influence them to alter the terms of their examinations; when there was no registration of legal qualifications, and it was difficult for the public, or even for the profession, to discover what men were qualified and what men were practising without a qualification. The condition of affairs was so unsatisfactory that in 1834 a Royal Commission was appointed to "inquire into and consider the laws, regulations and usages regarding the education and practice of the various branches of the medical profession in the United Kingdom." Three years later, at its fifth annual meeting, the Association appointed what may be called its first medical Reform Committee, with the somewhat wide instruction "to watch over the interests of the profession at large."[1]

In 1840 a Bill was introduced into the Commons by Messrs. Warburton, Wakley and Hawes, which contained provision for the establishment of a central council and for the direct representation of the profession on it.

In 1842 the Council of the Association presented to Sir James Graham, the Secretary for the Home Department, a memorial explaining the principles of medical reform which were advocated by the Association: a uniform and efficient primary qualification; representation of the profession on the governing bodies of the corporate institutions or on the proposed central council;

and the registration of legal qualifications. The Association desired to wait upon the Home Secretary by deputation, but Sir James Graham would not consent either in that year or in the following year to receive a deputation. He, however, introduced a Bill into Parliament in the year 1844 which contained a scheme of registration.

In 1846 Messrs. Wakley and Warburton again introduced a Bill for the "Registration of the Legally Qualified Practitioners in Great Britain and Ireland." Although this was only a small part of what the Association desired, it nevertheless presented a petition in favor of the Bill, on the principle that the gain of a little is better than the loss of the whole. In the course of this year a deputation was actually received by the Home Secretary, Sir George Gray, who advised that the Association should approach such other of the medical bodies as were in favor of medical reform, and thus obtain stronger influence to bear upon the Houses of Parliament. The advice was accepted and acted on, but without success, and the Association was left to fight the battle alone.

Nothing seems to have been done for the next five years, when the Association, wearied by long waiting, directed its Medical Reform Committee to draft a Bill on its behalf (1851).

In 1853 a deputation was received by Lord Palmerston, who was then Home Secretary, and even by the Prime Minister, the Earl of Aberdeen, whose grandson is one of our honorary members at this moment. Both these noblemen expressed sympathy with the views of the Association.

In 1854 Mr. Craufurd introduced a Bill, but it was soon lost, and a memorial was sent up to Lord Palmerston.

In 1855 a deputation waited on Sir George Grey, who was again Home Secretary, and a Bill was introduced into Parliament by Messrs. Headlam, Brady and Craufurd, but was abandoned at the second reading.

In 1856 Headlam's Bill, which provided for a central council of which one-third of the members should be direct representatives of the profession, was again introduced into the Commons. It was supported by Lord Palmerston, and petitions were sent up by many branches of the Association in favor of it. But it fell through, and so did a second Medical Reform Bill which was introduced during the same session of Parliament.

It was in this year that the Association changed its name, and to some extent its character, for it ceased to be the Provincial Medical and Surgical Association and became the British Medical Association. I do not know whether it was on that account or for other reasons, but sure it is that a very remarkable circumstance occurred in the course of the next year—

1857, when the Home Secretary (Sir George Grey), instead of being pursued by the Association, actually was himself the pursuer. He sent for Sir Charles Hastings to hear his views once more and to discuss with him the measures which should be taken. Finally, in

1858 Lord Elcho introduced the Bill which became in the course of that session the Medical Act of 1858. It provided for the establishment of a General Medical Council and for the registration of medical qualifications. The influence and work of the Association were recognized by the appointment on to the first Medical Council of Sir Charles Hastings, the founder of the Association.

And now it might be thought that the Association, triumphant after many years of strenuous labor, would have been content with its achievement. But, alas! very little had really been accomplished. There was no minimum uniform and efficient primary qualification, and a young man might practise medicine on a surgical qualification or the reverse, while there was no obligatory examination in midwifery. Registration was, therefore, little more than a farce. Again, there was no direct representation of the profession on the new Council, and the action of the Crown in its appointments did not fulfil the hope which had been cherished by the reform party. Only those persons who have for years devoted themselves to public affairs and whose whole heart has been in the struggle to carry a particular measure through can understand the terrible disappointment of the reform party. They had wrought for three times seven years for Rachel, and it was the hand of her sister Leah which they had at length obtained. To many zealous men these failures of a public measure are more bitter than the failure of their own private affairs. Their vigor is apt to be impaired, their health to be broken. I should have been but little surprised if the Association had, from this time, made up its mind never again to

meddle with Bills in Parliament. And certainly it did seem that its strength was spent. For, like some great animal heavy and sore from the wounds of a long and deadly combat, it lay prostrate for nine years. Then, as it were, it slowly lifted up its head, and, looking round, perceived that, not only was there no direct representation of the profession on the General Medical Council, but that, now that Sir Charles Hastings was dead (1866) there was not even a representative of the Association. Nevertheless, feeling that the new Council which it had helped to create knew what it had desired, and, therefore, hoping that it would be likely to join with it in attempting to obtain reform, the Association sent a deputation to the General Medical Council in the course of the year—

1868. But the reply was that, "under present circumstances, it would not be expedient for the Council to consider the propriety of attempting to obtain a change of constitution," and it was thus found that, instead of a friend and ally, this new body was likely to prove a serious obstacle to reform.

In 1869, therefore, the Association began afresh. A deputation waited on the Lord President of the Privy Council (Earl de Grey and Ripon), who, in the following year—

1870, introduced a Bill into the Lords, but it contained no provision for direct representation, and the Association would have none of it. A deputation was again sent up to the Lord President and to the Vice-President of the Privy Council, and the Bill fell through owing to pressure of business.[2]

In 1873 our old ally, Mr. Headlam, came to the assistance of the reform party, and introduced a Bill, which was also lost through press of business.

In 1877 history was repeated, for, wearied of long waiting, the Association directed its committee to draught a Bill.

In the course of the next session—

1878, the Bill of the Association was introduced by Messrs. Mills and Childers, and another Bill was introduced into the Lords by the Government, but both Bills were lost; they were again introduced in the course of

1880, passed the second reading, and were referred to a Select Committee. I suppose, as the consequence of this, in

1881, a Royal Commission was appointed to consider the

working of the Medical Act. The Commission was not long in reporting, and in

1882 the Reform Committee expressed satisfaction with the terms of the report, and sent up a deputation to the Lord President of the Council. It is a mark of the growing influence of the Association that this deputation was introduced by no less a person than the Duke of Westminster. During that session a Bill was presented to the Lords by the Lord President, but it was lost in the Commons from lack of time.

In 1884 the Bill was again introduced, was accepted by the Lords, and made a Government measure in the Commons; but it met with such strong opposition on the part of bone-setters, cancer-curers, herbalists, and the like, and from one or two of the corporations, that it was lost, in spite of the evident desire of the Government to carry it through.

In 1885 a less ambitious measure was introduced, but a change of Government took place, and the measure was abandoned.

In 1886 the Medical Reform Committee urged the importance of reform so firmly on the new Government that a measure was passed through the Lords by the Lord President of the Council (Earl Spencer), and through the Commons by Sir Lyon Playfair, and became the Medical Act of 1886. It provided for direct representation of the profession on the General Medical Council, and that a legal qualification to practise should only be obtained by those persons who had passed an examination in medicine, surgery and midwifery.[3]

Thus, after nine-and-forty years of labor, the Association had been successful, not to the full extent of its desires, but to a very large extent. And it had every reason to be proud. You see that I have taken the trouble to learn all these details in order to narrate to you what you may deem a very tedious story. And you may be sure that I did not learn them easily. And you may ask why I was at such pains to make myself master of a story so full of tedium. It was on that very account I did it. I would have every member of the Association learn the story as I have learned it—particularly every young member. I would have it printed in large type and set up in every building which is devoted to the service of the Association that all men may find in it an object-lesson of what can be done by patience and perseverance, by determination and tenacity of purpose.

So I would have the names of all those members of the Medical Reform Committee who took an active part in its work handed down: of Hastings of Worcester, Barlow of Bath, Crosse of Norwich, Southam of Manchester, Stewart of London, Waters of Chester, Ernest Hart, and many others. They are all gone, and there remain only a very few of those who took part even in the promotion of the second Medical Act, Dr. Bruce Goff and Dr. Hugh Ker, who are still working for the Association, and Sir Walter Foster, now Lord Ilkeston, who was one of the first direct representatives of the profession on the reformed Medical Council. I am proud that we have these three members with us this week.

III. Scientific Grants and Scholarships.

Now, take quite another phase of the work which we have done. In the "seventies" of the last century there was not so much talk of original research as there is in these days, and but little money was then supplied for research. In those days, as in these, there were many men, for the most part young men, who were waiting about the hospitals for a place upon the permanent staff or were hoping to get into private practice. They were just able to maintain themselves (for few of them had much private income) by teaching and minor posts and appointments. They often had time on their hands, and, being above the average of young medical men in intelligence and education, were willing and glad to seek occupation and perhaps a name in original research. They were often able to find a work-bench in one of the hospital laboratories and aid and counsel from the professors and lecturers. But the researches were, in many instances, expensive, and they had not the means to meet the expense of material and apparatus. When the Association began to find itself in funds it was suggested to the Council, I believe by Mr. Ernest Hart, that a certain sum of money should be awarded every year to research workers to assist them to obtain the material and apparatus which they could not procure for themselves. In the year 1874 the scientific grants were founded; £165 were granted that year, and I am sure it will be a matter of interest to some of the members here to-night to learn that the first grant out of that sum which appears on the minutes

was a grant of £50 to Mr. Hicks for "researches on alcohol." I do not know how many grants have been made or how many researchers have benefited by the scientific grants, but I do know that from £300 to £400 a year have been awarded every year, and that such men as Washbourn, Bayliss, Starling, Rose Bradford, Kanthack, Halliburton, Gaskell, and many others quite as distinguished have been recipients of grants, and that a large number of researches have been made possible by the liberality of the Association.

Ten years later (1884) two research scholarships of £150 each were founded, to enable men to devote their whole time to particular researches. Since that time there have been some 50 scholars of the Association, and it will suffice to tell you that Sir Watson Cheyne, Dr. Sidney Martin, Dr. Stockman, Dr. Copeman of the Local Government Board, Professor Hayeraft, and Professor Starling have been scholars of the Association to prove to you the pains which have been taken to select persons fitted to pursue original research.[4]

It has been my lot to speak both for and against the scientific grants on more than one occasion. As Treasurer of the Association I have had to restrain the ardor of the committee and to prevent it dipping its fingers too deep into the purse of the Association. As a member of the committee I have had to defend the grants from the platform at the annual meetings. There have always been members of the Association who have grumbled that the money devoted to scientific purposes was not applied to the defence of members and to the suppression of illegal practice. And, even of those who approved of the grants, there were always some who grumbled at the nature of the investigations and wished to see the money applied to investigations which were likely to find a certain and immediate practical application. I confess that these latter grumblers have sometimes had my sympathy. Researches on pulse-curves and researches on biliary secretion seem a long way from practical medicine. Yet I would not, on any account, interfere with or appear to despise any research, however little it would seem likely to be useful in the practice of medicine and surgery, provided it is in the hands of a competent worker, and is likely to provide new knowledge. The last time I spoke in favor of the

grants was, I think, at Cheltenham, where I directed the attention of the meeting to the vast commercial and industrial use which had been made of Faraday's discoveries of the relations of magnetism to electricity. The discoveries seemed to belong to the purest realms of science, and nobody could have foreseen their practical application. And it was not Faraday himself who made the application. He would never touch that side of the question, as he believed that to do so would damage his powers of research. Tyndall speaks particularly of this,[5] and I am sure that some discoveries which have appeared to have no practical bearing have resulted in greater advantage to the practice of medicine than some of those researches which have been undertaken from the purely utilitarian point of view.

At the present moment it is the fashion to say that things are better managed in Germany; as people said in my young days, "They do these things better in France." Although I do not at all admit this as a general proposition, I think it is to some extent true when it is applied to the relative value which English and German business men attribute to scientific research. I am informed that some great industrial concerns in Germany build and equip large laboratories in which 50 to 100 chemists are continually employed at varying salaries according to their position, and that they are directed by the most distinguished chemist the industry can procure. These chemists are not only permitted but are encouraged to prosecute research, and the researches are not limited to the possible utility to the industry, but may take any direction which seems good to the worker and the director. The object of the industry is to encourage chemical and physical research, with the full confidence that in a series of years the industry will derive enough benefit to pay the cost of the laboratory, and will probably derive more benefit than it would do by limiting the nature and scope of the researches to the possible service of the industry. Only the other day I was looking through the "Collected Papers of Lord Lister," and noticed that the earliest researches which he made were on muscular and elastic tissue. Suppose that he had been dissuaded from these researches on the ground that they seemed to have little or no practical bearing, he might have been so far discouraged as never to have undertaken original research. What

a lamentable thing that would have been! What a loss to human beings! No, the taste and faculty for research needs to be encouraged in a likely worker, even if the objects of his researches give no hope of immediate practical value.

Nevertheless you may fairly ask me whether I am not able to show something of value to practical medicine and surgery which has resulted from the money which the Association has devoted to science. Yes, I could give you several instances if I had time to do so, but one must suffice. In 1883, in consequence largely of an observation made by my old friend, Sir Felix Semon, the Clinical Society of London appointed a committee to consider the nature and relations of myxœdema. The work of the committee was divided into several parts, to which competent persons were assigned. The experimental part was chiefly under the charge of Professor Horsley. It was essential to the completion of the work of the committee but it was costly, and the Clinical Society had not made any grant towards it. This part might have fallen through, and the report of the committee might have been seriously prejudiced, and its value profoundly lessened. had not the Association come to the aid of the committee with a substantial grant, which was supplemented after an interval by further sums towards an inquiry into the physiology and pathology of the thyroid gland. To this work may be attributed thyreid-therapy and a wide knowledge of the relations of the thyroid gland to health and disease. And indirectly it may be said that this was the beginning of all the knowledge which has since been gained on the physiology and pathology of other of the ductless glands.

One matter to which the Association has largely contributed is the study of chloroform. Several committees have been appointed on this very important subject. The last committee has only just published its report.[6] I have read it carefully through and have formed the opinion that the £700 which have been devoted to this committee is a very small sum in comparison with the practical value which the work of the committee is likely to have. At least £1,500 have been given to the various committees which have worked on this subject for the Association.

There is one grant which was made by the Scientific Grants Committee 18 years ago, and actually paid over to the applicant,

but I am sorry to say it was never used. It was made to a certain Surgeon-Captain David Bruce to assist him in the investigation of Malta fever. Other arrangements were made for Captain Bruce, so the money was returned to the Association, otherwise we should have had the credit of having assisted that distinguished military officer in the very early days of his researches. What a satisfaction that would have afforded every member of the Association.

I can only further tell you that, including grants to the Jenner Institute, to the Therapeutic and other committees, the Association has provided more than £33,000 for scientific purposes since the year 1873.

IV. Benevolence.

Just now I spoke of the dissatisfaction of some of the members of the Association that our revenues are devoted to scientific purposes instead of to the needs of the profession. It seems to have been determined very early in the life of the Association that its income should not be applied to the benefit of the members. When the Association was incorporated under the Companies Act in 1874 it was expressly stated in the Memorandum that the members of the Association should not be entitled to benefit from the income of the Association.

But from the very first the members were mindful of the material necessities of the profession. At the first annual meeting in 1833 Dr. Barlow, of Bath, presented proposals for the establishment of a benefit fund. The proposals were ordered to be printed and circulated among the members. At the third annual meeting it was recommended that a society be formed, to be called the Provincial Medical Benevolent Society, and that a fund be accumulated by subscriptions and donations. It is quite pathetic to read in the report of the Benevolent Society two years later that the committee had been enabled to bring the fund into operation and to afford relief in two cases of distress. For many years the Benevolent Fund reported each year to the annual meeting of the Association, which took the greatest interest in its affairs and which has continued to interest itself in them from that time to the present. The pages of the *British Medical Journal* have always been open to official communica-

tions, to letters and articles in favor of the Fund, and even the machinery of the Association has been used, by the kind permission of the Association, for collecting subscriptions and donations towards it with such success that last year the Fund was able to boast that since its establishment it had distributed about £76,000 in annuities and the same amount in grants, and now administers about £4,500 a year; that out of the income derived from investments it supports 126 annuitants, who must be over 60 years of age, and that the annual subscriptions and donations form a fund out of which grants are made to deserving cases not eligible for annuities.

I am not exaggerating when I say that the British Medical Benevolent Fund owes its origin, its first successes, and its present position to our Association.[7] It has probably done better as an independent body than if it had been, as was intended in the first instance, a part of, and dependent on, the Association. I doubt whether it would have received anything like so large a sum in donations and legacies as it actually has. On the other hand, its relations with the Association have been throughout of such value to it that the good influence which the Association has exercised over its affairs cannot be too highly estimated.

To those persons who are disposed to complain that the Association has never done anything for the material welfare of its members or of the profession this account of the British Medical Benevolent Fund is my answer, and I trust I shall never again hear the complaint.

V. Origin and Progress. Great Officials.

Although I am not going to furnish a history of the rise and development of the Association, there are certain matters in its past which will interest the members here to-night. It was founded, as you know, in the year 1832, when there were but few railways, when the lesser roads were not too good, when it took days, not hours, to reach the metropolis from many parts of the country, and when perhaps more doctors rode on horseback than went in wheeled vehicles to see their patients. Yet even then Dr. Hastings, who founded the Association, said, in his address in the board room of the Worcester Infirmary, "The facilities of

communications between distant towns . . . had become so much greater that distance would afford but a slight barrier to the undertaking."[8] At the first annual meeting in 1833 about 200 of the total 316 members were present. But the Association made but slow progress in the course of years. In 1874, when it was incorporated under the Companies Act, it only numbered between 5,000 and 6,000 members. And as to its finances in the early years, they were deplorable. Four-and-twenty years (1856) after its foundation it was £2,000 in debt, and the members had to put their hands into their pockets to help it out.

Although it met in different large towns in the United Kingdom, it was not until the thirty-eighth meeting, nearly forty years ago, that its presence was officially recognized by the appearance of the Mayor, Sheriff, and Under-Sheriff of Newcastle-on-Tyne at the opening meeting in their robes of office. The scientific business of the annual meetings was only divided up into sections just before that time (1867), when four sections were established—Medicine, Surgery, Physiology, and Midwifery. Indeed, the progress which was made during the first half of its life (of 78 years) would never have justified an observer in predicting its present numbers and importance. It was just about 38 years ago that it began distinctly to advance; and, as usual, it was not measures, but men, that caused the advancement. Indeed, there has never been any question in my mind on this point. Nor have I ever had the least doubt of the particular men to whom the Association owes more than to any other men, dead or living. They were both officials of the Association, and each of them remained in its service for more than 30 years.

The first was a little sallow-faced Jew, with clean-cut features and piercing eyes, active in mind and body, clear-headed and as keen as men are made. The reputation of our *Journal* when Mr. Ernest Hart became its editor in 1866 was none too good, and only in the previous year a proposal had been made to the annual meeting to replace it by a less expensive journal. From the moment Mr. Hart took it in hand its future was ensured. His wide knowledge of all matters connected with his profession, private and public, professional and general, and his skill in writing, would have enabled him easily to perform all the editorial work which was then needed or was likely to be needed for many years

to come. But that was not his idea of editing. He gathered to his aid every man who had a special knowledge of any subject which appeared in the pages of the *Journal,* and persuaded him to give his opinion on the value of the communication, and even to write unsigned articles and annotations upon it. I was very much surprised the first time I signed the quarterly cheques to discover the large number and the position of the contributors to the *Journal.* Each man was paid for his contribution, but while a good deal was paid away each year, no one person received much more than a trifling sum. This was, I believe, an expensive way of conducting it, but in a very few years it had made the reputation of the *Journal.* When Mr. Hart became our editor the number of members was only between 2,000 and 3,000, and when he resigned, after 34 years' service, it was 17,000. The work of editing would have been quite enough for most men; it was only a small part of what was done by Mr. Hart. There was no question of public health which he did not deal with or attack, and his interest in all that concerned or might concern the Association in the future was truly remarkable. I believe the foundation of the scientific grants and scholarships was largely due to his influence. I *know* that the library owed its actual origin to him, although it had been considered at the very first meeting of the Association. The Medical Sickness Society was, Dr. Hall tells me, his idea. His mind teemed with fertile thoughts, and they were always at the service of the Association if they were likely to be useful to it.

The other official was Mr. Francis Fowke, not known to the members as the editor was, and really only understood and esteemed by those persons who were closely associated with him in business affairs. He was our general secretary and manager, and to him fell the charge of all matters connected with the printing and publishing of the *Journal,* the advertisements, the collection of subscriptions, the arrangements for the annual meetings, and I know not what else. He it was who advised the removal of the offices of the Association to that great artery of traffic, the Strand; who gradually took over the printing of the *Journal,* the provision of the paper on which the *Journal* is printed; who studied various methods of improving the illustrations in the *Journal;* who devoted his attention to every little

business detail with such success that the surplus income of the Association, which was £38 when he became its manager in 1871, was nearly £5,000 when he resigned his post in 1902. No wonder that successive treasurers placed their confidence in Mr. Fowke, and supported him one after another in the schemes which, with great caution and after long pondering, he put forward for some improvement in one or other of our business methods.

It would be difficult to find two men less like each other than the editor and the general secretary and manager. Mr. Fowke was gouty and asthmatical, nervous and apprehensive, constantly apologetic, slow of speech, and slow to form a judgment, particularly in matters relating to finance. No wonder his brilliant colleague looked upon him with a feeling almost of contempt. But there is no use denying it. In spite of what was said in some of the obituary notices of the editor's financial abilities, and in spite of his nationality, he was really a very indifferent financier. And this was appreciated fully by the manager, who repaid the feeling of contempt for himself by the strongest expression of distrust of the financial schemes of the editor. It may easily be imagined that there were no feelings of cordial friendship between two such men. This was quite well known to many persons interested in the Association, and during the years I was treasurer it was several times suggested to me to do my best to heal up the dissensions between the two great officials. But I would not listen to such suggestions. No lasting peace was possible between them; and my own opinion was that the safety of the Association was better secured by their hostility to one another than it would have been by their friendship. Each kept a watch upon the other useful in the interests of the Association. Had they combined there might possibly have been mischief. Had there been two Harts, the Association would probably have been swiftly borne to that great personage to whom the beggar on horseback is said to ride. Had there been two Fowkes, it might have gone to sleep. Peace be to the ashes of these two men, and let us be thankful that their places are so excellently filled by our present editor and financial secretary (Dr. Dawson Williams and Mr. Elliston).

VI. The Future.

I fain would speak of many other matters—of the library, of our new premises in the Strand, of the formation and growth of the branches, of the extension of the Association beyond the seas. But I have been warned not to trespass on your patience by speaking at too great length, and the warning is full of wisdom. I must therefore devote the few minutes which are left to me to the present and future of the Association. What is this great society to do with its 22,000 members, its numerous divisions, its 70 branches, its large revenues, its great standing committees, its Council and House of Representatives, its medical secretary's department? Well, since its reconstitution eight years ago it has devoted its attention very largely to the defence of its members and of the profession generally against the attempts which are made with cruel frequency against them by many sections of the community. Whilst extolling the nobility and generosity of our profession as a whole, it is notorious that public and private bodies, municipalities, corporations, clubs, medical aid institutions, and charities vie with each other in their attempts to use our services without reward, or for the smallest compensation which is possible, and it is equally clear that the only chance which the rank and file of the profession—those men who perform the most and the best of its work—have to repel these attacks is the support of a great and powerful body like our Association. Medical men talk of these things as if they belonged only to modern times; as if, until recently, we had been fairly treated, and no attempt had been made to impose on our good nature. I would ask them to read a certain report of the first committee which the Association appointed to consider the question of Poor-law medical relief, presented 75 years ago (1835).

"Your committee are aware that the vast amount of gratuitous medical assistance that has been at all times afforded to the needy by all grades of the profession throughout the country (an amount that could not be conceived by those who were not informed on the subject) has been productive at least of one very injurious effect; it has induced the unthinking portion of the public to conclude that there was some sort of conventional, if not legal, obligation on the medical profession to attend, without reward, to the ailments of the poor."

The words of the committee can be applied with even greater truth to-day, and there has never been a time in the last three-quarters of a century when they might not have been truthfully applied. Years ago, during the time that I took an active part in the work of the Association, we made attempts from time to time to assist medical men in repelling these attacks, and with more or less success. Now the Association is dealing with this part of its work with much greater vigor, and with the intention to do its best to help the oppressed members of the profession. And, as the result, in these last years I believe the body of the profession look with greater hope and confidence upon the future than they have ever done within my recollection. This side of our work has my hearty wish for its success. My mind is frequently saddened by the hard cases of some of those practitioners whom I have known as well-educated, industrious, and intelligent, and who have been cruelly ill-treated by public bodies and societies. But I am afraid there is no side of our work which needs greater tact or more delicate handling than this. An expression of undue force on the one hand, an exhibition of weakness on the other hand, and the amount of mischief which may follow is incalculable. I cannot remember any period of our history when our affairs required more skill and sagacity than the present. Everyone naturally turns to watch what the governing bodies of the Association will do. I watch, like the rest, and I have studied the men who are entrusted with the guidance of our State. I have mixed with the members of the Council and, to some extent, with the members of the representative body in this last year, and I have come to the conclusion that, although their task is grave and difficult, they are the men to undertake it with success.

[1]Most of the information contained in this account of the doings of the Association in relation to medical reform is taken from Dr. Alexander Henry's "Historical Sketch" in the British Medical Journal of 1882, vol. ii., p. 847. The latter part of the account is picked up from the reports of the Medical Reform Committee in the Journal and from other sources. Dr. Henry's "Historical Sketch" is profoundly interesting to every person who cares for the past and present of this Association, and I strongly recommend its perusal to all those who are now engaged in the work of the Association.

[2]Many years later I was present at the dinner of the Association at the annual meeting at Leeds, when Lord de Grey, then Marquis of Ripon, referred to this matter. Part of his speech ran thus: "He was bound to say he had occasionally found in those departments (the War Office, the Admiralty, and the Privy Council) men of ultra-official views who were

so irreverent as occasionally to speak in terms not altogether of admiration or respect for the British Medical Association. He once, indeed, had to suffer from the action of the Association. When he was Lord President, he endeavored to deal with the subject of the constitution of the General Medical Council, and he introduced a Bill which he thought was a very good one, and most of the provisions of which had since become law. It did not, however, contain one provision greatly desired by the British Medical Association, and they so effectually pleaded for delay at a fatal moment towards the end of the session that they defeated the Bill, and stranded him altogether until he was carried away in the wrong direction by the rising tide of opposition. He was bound to say—and he made the confession very frankly—that he was now convinced that the Association was right and he was wrong. He was, perhaps, on that occasion—it was a rare occasion in his public life—somewhat too conservative."

[3] The Association had fought for many years for eight Direct Representatives on a Council of 24 persons. The Bill only provided for five—three for England, one for Scotland, and one for Ireland. Only in the course of last year (1909) was the representation increased by the action of the General Medical Council itself.

[4] Sir Watson Cheyne, Bart., surgeon to King's College Hospital and surgeon-in-ordinary to His Majesty the King; Dr. Sidney Martin, physician to University College Hospital and professor of pathology; Dr. Ralph Stockman, professor of materia medica at Glasgow, and physician to the Western Infirmary; Dr. Copeman, medical inspector to the Local Government Board, and lecturer on public health to Westminster Hospital Medical School; Dr. Starling, professor of physiology at University College; Dr. Haycraft, professor of physiology at University College, South Wales, etc.

[5] Faraday as a Discoverer, London, 1870.

[6] Brit. Med. Jour., Supplement, July 9th, 1910.

[7] See Brit. Med Jour., 1905, vol. ii., p. 1655.

[8] Brit. Med. Jour., 1882, vol. i., p. 847.

Society Proceedings

THE BRITISH MEDICAL ASSOCIATION—THE ADDRESS IN MEDICINE

Research in medicine has come in many minds to mean scientific investigation in laboratories, more especially physiological, pathological, and chemical. Dr. J. Mitchell Bruce in the eloquent, thoughtful and suggestive Address in Medicine delivered before the British Medical Association at its meeting in London this week puts forward a weighty and well-considered plea for a wider conception of the scope and nature of research in regard to the problems of disease. He draws attention to the opportunities afforded to the family practitioner of contributing to the investigation of these problems, more particularly in regard to the complex subject of etiology. After a brief but striking review of some of the most important advances which have been made in medical science and practice during the fifteen years which have elapsed since the Association last held its annual meeting in London, he draws attention to the general nature and character of the progress made. This, he rightly points out, has been chiefly characterized by a change in the general tendency and direction of investigation, so that instead of concentrating attention upon the lesions produced by disease we have advanced to the elucidation of the processes leading up to those lesions, the causes determining them, and the various influences controlling and modifying the actions of those causes. In other words, we are no longer satisfied with a knowledge of the effects of disease processes; we are more concerned with the manner of their development and with their causation. The recognition of the paramount importance of etiological considerations and of the closely cognate subject of functional pathology, as Professor

J. G. Adami calls the study of the physiology of diseased organs, is regarded by Dr. Mitchell Bruce to be deserving of historical recognition as the dominant feature of the medical research of the past fifteen years, and with this view we are in full accord. Moreover, the lay public has in some measure come to recognize the importance of these matters owing to the advances which have resulted in public and personal hygiene as a direct result of the application of modern knowledge, and they are as anxious to know the why and wherefore of cancer and other maladies of which the immediate cause is yet unknown as the most fervid investigator.

After demonstrating the fundamental importance of the doctrine of causation, Dr. Mitchell Bruce proceeds to analyse the nature of causative processes and of their relation to one another. Taking as an example acute infections, he differentiates three factors—first, the essential cause, which is specific in nature and extrinsic in origin; secondly, the patient's resistance, which is intrinsic; and, thirdly, those various conditions which favor the action of the exciting cause, and are usually classed as incidental, indirect, or predisposing causes. These are, of course, not essential, and may be either intrinsic or extrinsic. It is more particularly to this third etiological factor that Dr. Mitchell Bruce devotes the greater part of his address, pointing out the importance of these considerations to the practitioner, not only as most valuable aids to prognosis, treatment, and personal hygiene, but also as affording him valuable opportunities to participate in the advance of medical science. The bedside, the home, and the general environment of the patient offer fields for research as hopeful and as fruitful as the laboratory, and we cannot refrain from quoting Dr. Mitchell Bruce's happy remark that the experienced practitioner "has learned that it is with a patient, not with a disease, that he is concerned, with a process, not with a lesion." Such a man appeals to the clinical laboratory when it can assist in the discovery of the exciting cause or in the determination of the organ at fault, but in his actual search for the cause of disease in his patients he has more often to rely upon personal observations of the subject, of his surroundings, habits, and mode of life, upon knowledge of particular family history, and perhaps upon general knowledge of human nature, the outcome of worldly experience.

These indirect, and often intangible, factors in the incidence of disease necessarily render the problems of causation complex, involved, and intricate: they can only be solved by a direct study of the patient, and consequently they come especially under the notice of the family practitioner and cannot be appreciated by anyone detached from direct association with patients. Dr. Mitchell Bruce gives many interesting and striking examples of the value of the information obtainable by such methods, while in no wise minimising the difficulties attending their application. At the same time he points out that not infrequently the conditions are sometimes such as almost to excite the envy of the scientist, since it is given to the practitioner to vary the conditions and circumstances of his patients' lives, and to study the effects with scientific precision. Among the many problems which are open to the practitioner to investigate he mentions the effects of the various conditions of daily life—work, diet, physical stresses, and "nervous" strains—upon the incidence of disease, upon the modification of its manifestations, and upon the actual symptoms, notably in regard to such events as relapses, complications, and recurrences. Again, the part played by inheritance can only be investigated on such lines, as well as the wider question of the influence of complex interacting causes upon the race and upon the individual. Public men are growing more and more to appreciate the sociological importance of such matters in relation to national health and hygiene, consequently the opportunities for research, which lie under the hand of the practitioner, must come to be of more and more pressing importance. It is especially to what we may designate as hidden causes that Dr. Mitchell Bruce directs attention. Our knowledge of the pathogenic properties of germs is of comparatively recent origin, and yet upon this fundamental discovery the whole fabric of our knowledge of immunity, with its important practical results, has been erected. In like manner, Dr. Mitchell Bruce maintains, there are other causes concealed in numerous common occurrences, which only await discovery to yield fruitful information in regard to the prevention and treatment of many diseases; and it is important that the practitioner should realize his opportunities and his duties in these matters.

Dr. Mitchell Bruce's choice of a subject for his address is

fortunate and opportune. The delivery of such an address affords an admirable opportunity to some distinguished and experienced physician to call a momentary halt while he reviews the progress of medicine or ventilates some subject of public or professional interest. In drawing attention to the importance to the community as well as to the science and practice of medicine of the work of the family practitioner, he has performed a useful service. His weighty remarks are sure to attract attention, not only from their suggestive character and from the clear and eloquent manner in which they are expressed, but also because they tend to show the dignity of the calling of the ordinary practice of medicine, and to demonstrate that the daily round of work involves not only the practice of an art, but also the application of truly scientific knowledge and principles.—*Lancet.*

THE BRITISH MEDICAL ASSOCIATION—THE ADDRESS IN SURGERY

In his choice of a subject for the Address in Surgery to be delivered before the British Medical Association Mr. H. Gilbert Barling was very successful in taking an obvious course; for malignant disease, on which he spoke, is of prime interest to the operating surgeon, the consulting physician, and the general practitioner alike. The subject was therefore adapted exactly to the interests of a heterogeneous scientific audience, while the treatment was of practical value to that audience, for it consisted essentially of a review of the present position of our knowledge of the nature and remedies for cancer.

Mr. Barling points out, as will be seen by reference to the address which we publish in another column, that the idea prevailing at one time of the systemic nature of malignant disease had a harmful influence on surgical treatment, as it tended to limit the extent of the operations performed. For if a disease is really systemic in nature the removal of the local manifestations can have but little curative effect, while the frequent recurrence in the neighborhood of the operation wound merely

served to confirm the erroneous theory, for it was looked upon as a proof that the disease could return even though completely removed. That era of thought has now passed away, and all are agreed that the thorough local removal of malignant disease, when such removal is possible, is capable of effecting a cure. Much stress is laid by Mr. Barling on the results obtained by experimental research on animals, and he describes some of the more important conclusions which these experiments have brought about, showing that the transplantation of carcinoma from one animal to another of the same species has been proved to be perfectly possible, but with this limitation, that success follows the experiment in only a limited percentage of the cases; and from this fact it may be argued that there is, in most cases, a natural resistance on the part of the tissues to the introduction of the foreign cells. As to the methods by which this resistance manifests itself, for the continued life of the inoculated tumor it is essential that a new stroma should be provided from the tissues of the host by proliferation of the connective tissue cells. When the transplanted tumor dies the death occurs partly from lack of nutrition and partly from the strangulating effect of the tissues amongst which it lies. An increase of the resistance of the tissues to the implantation of a malignant growth has been shown to be possible, and a very high degree of protection can be attained. We are now acquainted with the mode in which the immunized tissues overcome the transplanted growth, and this is well seen in the immunization produced by radium; and Mr. Barling describes how exposure to radium may cause the disappearance of some transplanted tumors, the most noticeable local change in these cases being an active proliferation of the connective tissue of the part, and an invasion of the parenchyma of the tumors by young fibroblast. As these develop they contract around and so destroy the cells of the malignant growth.

Closely analogous to these important results are various clinical observations. It is not, Mr. Barling maintains, sufficiently recognized that in the human subject a struggle exists between the malignant growth and the tissues of its host. Cancer is not a constantly progressive disease, neither halting nor wavering in its course; but there is very definite evidence, both pathological and clinical, that the tissues do resist the invasion of new

growths, and that between them and the malignant disease a real struggle goes on which occasionally ends in a spontaneous cure. Sampson Handley has shown that though the malignant growth spreads centrifugally from its point of origin into the lymphatics, yet many of the cells of the new growth are destroyed as a result of the action of the surrounding tissues. The new fibrous tissue attacks and destroys the cancerous epithelium. Unfortunately, the process is only partial; at one or even at many places destruction may be going on, and elsewhere the malignant cells may be multiplying freely. Malignant emboli lodging in the vessels of the lungs and other tissues become surrounded by a new connective tissue which has developed from the intima of the blood-vessels. And in many cases this new connective tissue suffices to put an end to the malignant cells of the embolus. There is good evidence for thinking that this destruction of cancerous emboli is the rule rather than the exception, and that malignant metastases occur only in those few cases where the cancerous cells have survived. If it were not so, it is probable that metastases would be far more common than they are. All surgeons are aware that malignant growths vary greatly in their rate of progress, and sometimes a growth may even disappear spontaneously. These variations in the rate of progress of malignant disease are, in all probability, due to variations in the resisting powers of the tissues; and this explanation is rendered still more probable by the history of those cases in which recurrence of a cancer occurs many years after a successful operation. Some small collection of cells has not been destroyed, but has been held in check, even for years, and at last, in favorable circumstances, it has renewed its activity.

Finally, Mr. Barling discusses the question of the treatment of malignant disease. He acknowledges the value of the X-rays in some forms of malignant growths, but he himself has never known a growth certainly malignant to disappear absolutely under the X-rays, and therefore he does not assent to some of the claims made for the rays. As to the value of radium, he expresses his appreciation of its action in the relief of pain, in the cessation of discharge, and in the cicatrisation of an open sore, but he does not consider that radium should, in the present state of our knowledge, be employed as a substitute for excision in

cases of operable malignant growth. Of the true value of excision he speaks with no uncertain words, claiming that our results at the present day show that with careful attention to the prevention of sepsis, and with extensive and thorough operations, the results now obtained are by no means unsatisfactory. Where complete excision is possible the proportion of permanent cures may be great, and the main desideratum for the future is an earlier recognition of the disease and its earlier removal. And he believes that the means for recognizing the presence of malignant disease at a very early stage may be provided by the ever-increasing study of biological chemistry, especially looking forward to a time when the danger and the distress incident to operative measures may be replaced by gentler means provided by the twin sciences. The address consequently is encouraging and hopeful, and serves as a useful reminder of the progress which has been, and is being, made in the treatment of cancer, and in the acquisition of knowledge as to its natural history and characteristics.

THE BRITISH MEDICAL ASSOCIATION—SEVENTY-EIGHTH ANNUAL MEETING IN LONDON

The meeting of the British Medical Association, which has taken place during this week in the metropolis, and the business of which is, of course, not concluded as we write these paragraphs, has been in every way a complete success. An enormous number of members have attended the meeting, and the scientific work in the sections, which have been well attended, has been of a high order. Really important matters, dealing with the internal and the external policy of the Association, have been closely debated at the representative meetings, and the organizing talents of the officials, coupled with the splendid hospitality of the President, have combined to make the occasion a memorable one in the medical world.

The representative meetings were held in the chamber of the Court of Common Council in the Guildhall. The work of the sections and the official business was conducted in the buildings

of the University of London at the Imperial Institute, the Imperial College of Science, and the old College of Science, South Kensington. The Imperial Institute, it will be remembered, was the headquarters of the meeting on the last occasion when it was held in the metropolis, under the presidency of the late Sir John Russell Reynolds.

In 1895, when the Association previously held its meetings in the Imperial Institute, that building, founded in 1887 as a memorial to Queen Victoria, was not connected with the University of London; indeed, it was not until 1906 that the Government took possession of the Institute and handed a large part of the buildings to the recently reconstituted University of London. In 1903 the Institute was transferred to the Board of Trade, and its first Bulletin, although, of course, dealing with commercial matters, contained much that was of medical interest, inasmuch as it included research work on the composition and therapeutical properties of certain plants. This work was in continuity with the original scheme of the Institute, which was designed to be a material exhibition of the progress and products of our empire. The Colonial Nursing Association made its home here, and in many other directions the spirit of the foundation has been maintained, so that, apart from its connection with the University of London, the Imperial Institute has associations which entitle it to entertain a medical congress.

The number of sections this year is 21, that being the largest number of divisions of the scientific work which has as yet been attempted. All of them were accommodated in one of the four buildings which we have mentioned, and were in easy communication with each other—a matter of no small importance, as those who have attended congresses know. Although, for purposes of convenience, specialism, indicated by a partition of the work into 21 sub-heads, has now become necessary, a really progressive physician and surgeon knows that his interests do not necessarily lie in one, two, or three sections, but may well be spread over a much larger field. Where defects of accommodation have led to inconvenient separation of the work of the section debates have always lost in interest, a certain hurry and muddle being introduced into them by the local conditions. We report two or three sections at some length, but can only deal with the proceedings in the others very briefly in this issue.

The Annual Exhibition of drugs, surgical appliances, electrical apparatus and special foods was held in the Imperial Institute Buildings (University of London). Situated just above the reception room and registration hall, the space afforded to the exhibitors this year was in a prominent position and within easy reach of the visitors. The rooms were tastefully decorated and the stalls skilfully arranged, although in places the space above them was somewhat shallow. The variety of exhibits was great and visitors found it well worth their while to spend some of their time amongst the novelties shown by chemists, surgical instrument makers, food specialists, hospital appliances makers, and so forth. An interesting feature of the exhibition this year was a demonstration of electrical apparatus in a separate room—the Jehanghier Hall. In accordance with our practice on previous occasions, we commence in another column a notice of the more important exhibits.

A new plan in regard to pathological and other specimens has been organized this year. A Medical Museum has been formed, divided up into a number of sections, each under the care of an expert honorary curator, who has selected subjects to illustrate and has collected from all available sources specimens illustrating the interesting points capable of demonstration by means of exhibits. The result has been that the Medical Museum contains a large number of series of exhibits, and does not consist merely of a collection of miscellaneous items. By changing the name of the museum from pathological to medical, opportunity has been given and taken of including anesthetic apparatus, engravings, prints and other objects of medical interest. The honorary secretary of the Medical Museum, Mr. W. H. Armit, has received many congratulations on the successful results of his hard work.

The work of the Representative Meetings commenced as far back as Friday last, July 22nd, when delegates from many of the local divisions, as well as certain colonial members, met in the Council Chamber of the Guildhall, where they were welcomed on behalf of the Lord Mayor by Sir Horatio Davies. At the opening general meeting, which took place first, an announcement was read by Mr. Edmund Owen, chairman of the council, that His Majesty the King had telegraphed his gracious consent to the request that he should become patron of the Association. At th

meeting of Representatives which followed, matters affecting the internal organization of the Association were discussed. At the second representative meeting on Saturday an important pronouncement was made on the subject of athleticism in schools. This pronouncement, while laying stress on the value of regular bodily exercise for the schoolboy, emphasized the importance of all the pupils of any school being under the personal supervision of a medical authority; of every boy being examined medically upon entry; and further, of his being carefully observed during his school career, inasmuch as fitness for physical exertion did not necessarily depend upon his age or appearance. Medical examination was mentioned as being of particular value in regard to swimming, boxing, and rowing. On Monday the representative meeting discussed mainly the organization which is suggested by the British Medical Association for a national public medical service in anticipation of the imminent introduction of a Government measure on these lines. The final session of the Representative Meetings took place on Tuesday, when the question of Poor-law reform was further debated, as well as a report dealing with the evidence given on behalf of the Association before the Departmental Committee on Coroners' Law. A special report on chloroform administration was also adopted.

On the evening of Monday Mr. Butlin, the President-elect, entertained at dinner at the Hotel Cecil some 400 medical men from all parts of the world, representing the profession in the United Kingdom, in the Colonies, and in many European countries and in America. The only speeches, save the loyal toasts, were a few words from Lord Ilkeston (Sir Walter Foster), inviting the company to drink the health of the President-elect, and a few words in reply from the host, in which he laid stress on the work done by Lord Ilkeston for the British Medical Association, and expressed his pleasure in knowing that the medical profession was now represented by him in the House of Lords.

At the commencement of the adjourned first general meeting at the Guildhall on Tuesday morning it was agreed that the next meeting of the Association should be held in Birmingham, and Dr. Robert Saundby, the professor of medicine in the University, was appointed President-elect. In the evening, at St. James'

Hall, Great Portland Street, Mr. Butlin delivered the Presidential Address, which we publish elsewhere.

On Tuesday evening an "At Home" at 18 Cavendish Square, given by the President of the Section of Laryngology of the Royal Society of Medicine and Mrs. Dundas Grant was largely attended. The guests were entertained with vocal and instrumental music.

On Wednesday morning Dr. Mitchell Bruce delivered the Presidential Address in Medicine (see p. 158) at a general meeting. Later the staff at St. Bartholomew's Hospital gave a luncheon in the Great Hall of the hospital in honor of Mr. Butlin, their consulting surgeon, and President of the Association, extending invitations to many prominent members of the Association and distinguished foreigners now in London. Dr. Norman Moore, senior physician to the hospital, who presided, proposed Mr. Butlin's health in felicitous terms, pointing out his merits as a surgeon, and saying that, while he had made particular fields of surgery especially his own, he had always maintained a position as an authority on general surgery and pathology. Dr. Norman Moore added a tribute to Mr. Butlin's powers of work and concentrated industry, to which we have alluded elsewhere. Mr. Butlin, in a brief reply, discarded all reference to the personal compliments, and stated succinctly the power for good that the British Medical Association, when it had fully developed, would necessarily be for the protection of weaker members of the profession. To the toast of his health as chairman, Dr. Norman Moore pleaded that there was no time to say anything, because Mr. Butlin had to go immediately to the place where he (Dr. Norman Moore) had hoped he would not be wanted for some time yet—Westminster Abbey. Consequently, the luncheon broke up in laughter—a very suitable termination of a very pleasant function.

On the same afternoon the usual service was held at Westminster Abbey, at which the Dean of Salisbury preached before a large number of members. The collection was divided between the British Medical Benevolent Fund and Epsom College. At Westminster Cathedral seats were reserved at Solemn High Mass and at Vespers for Roman Catholic members.—*Lancet.*

TWELFTH ANNUAL CONFERENCE OF THE AMERICAN HOSPITAL ASSOCIATION

This Association will hold their 1910 Conference at the Planters' Hotel, St. Louis, Mo., September 20, 21, 22 and 23.

PRELIMINARY PROGRAMME.

The Association will be called to order by the President at 10 a.m., Tuesday, September 20th.

After the Address of Welcome and the President's Address, the following papers and reports will be presented:

1. "Relationship of Trustees to Superintendent," Dr. Henry M. Hurd, Johns Hopkins Hospital, Baltimore, Md.

2. "Private Rooms in General Hospitals," Dr. C. Irving Fisher, Presbyterian Hospital, New York City.

3. "The Training of Hospital Superintendents and Heads of Departments," Dr. F. A. Washburn, Sept., Mass. General Hospital, Boston, Mass.

4. "Co-operation vs. Individualism in the Care of the Sick," Mr. Bailey B. Burritt, Secretary, State Charities Aid Association, New York City.

5. "Preparation and Use of Detailed Reports for Smaller Hospitals," Mr. Walter Mucklow, Director, St. Luke's Hospital, Jacksonville, Fla.

6. "The Education of the Nurse in America," Dr. Richard O. Beard, Secretary, University of Minneapolis Hospital, Minneapolis, Minn.

7. "The Hospital as a Commercial Factor," Mr. Del. T. Sutton, Editor *International Hospital Record,* Detroit, Mich.

8. "Methods of Raising Funds for a General Hospital," Miss Lucia L. Jaquith, Supt., Memorial Hospital, Worcester, Mass.

9. "Hospital Construction in St. Louis," Dr. Wayne Smith, Supt., University Hospital, St. Louis, Mo.

10. Report of Special Committee on Education and Training of Nurse Assistants for the Care of People of Limited Means in Their Homes, and the Nursing of Patients Suffering from Chronic Diseases. Committee: F. A. Washburn, M.D.; Miss Mary Riddle, Charles H. Young, M.D.

11. Report of Special Committee on Bureau of Hospital In-

formation and Permanent Secretaryship. Committee: Dr. S. S. Goldwater, Mt. Sinai Hospital, New York City; Dr. Henry M. Hurd, Johns Hopkins Hospital, Baltimore, Md.; Dr. P. E. Truesdale, Truesdale Hospital, Fall River, Mass.

12. Report of Committee on Hospital Efficiency, Hospital Finances and Economics of Administration, Winford H. Smith, M.D., Bellevue and Allied Hospitals, New York City.

13. Report of Committee on Hospital Construction. H. E. Webster, Royal Victoria Hospital, Montreal, Que.

14. Report of Committee on Uniform Accounting, C. Irving Fisher, Presbyterian Hospital, New York City.

15. Question Box. Chairman: Dr. R. W. Bruce Smith, Parliament Bldgs., Toronto, Ont.

Two special committees will report on subjects of unusual interest at this meeting. The Special Committee on the Education and Training of Nurse Assistants for the Care of People of Limited Means in Their Homes, and the Nursing of Patients Suffering from Chronic Diseases will make a report, which will be of interest to hospital workers and physicians in general. The report of the Special Committee on Bureau of Hospital Information and Permanent Secretaryship will deal with the advisability of establishing a permanent headquarters or office for the Association.

The tentative programme is one of unusual interest, and it is hoped that all members will make an effort to attend. Several other papers have been promised.

Members who desire to have any moot questions on hospital affairs discussed at the Convention will please draw up the questions and mail to Dr. R. W. Bruce Smith, Parliament Bldgs., Toronto, Ont., Chairman of the Question Box.

Canadian Journal of Medicine and Surgery

Editor:
J. J. Cassidy, M.D.
45 Bloor St. E., Toronto

Managing Editor:
W. A. Young, M.D., L.R.C.P., Lond.
145 College St., Toronto

Surgery:
F. N. G. Starr, M.B., Toronto, Associate Professor of Clinical Surgery, Toronto University; Senior Surgical Assistant, Toronto General Hospital; Surgeon, Hospital for Sick Children, Toronto; N. A. Powell, M.D., C.M., Professor of Medical Jurisprudence, Toronto University; Senior Assistant in charge, Emergency Department, Toronto General Hospital.

Clinical Surgery:
Alex. Primrose, M.B., C.M., Edinburgh University; Associate Professor of Clinical Surgery, Toronto University; Secretary Medical Faculty, Toronto University; Surgeon Toronto General Hospital; and Herbert A. Bruce, M.D., F.R.C.S., Eng., Surgeon, Toronto General Hospital.

Orthopedic Surgery:
B. E. McKenzie, B.A., M.D., Toronto; Surgeon to the Toronto Orthopedic Hospital; ex-President of the American Orthopedic Association; and H. P. H. Galloway, M.D., Winnipeg, Man., Member of the American Orthopedic Association.

Physiology:
A. B. Eadie, M.D., Toronto.

Medical Jurisprudence and Toxicology:
Arthur Jukes Johnson, M.B., M.R.C.S., Eng., Coroner for the City of Toronto; Surgeon Toronto Railway Co., Toronto; W. A. Young, M.D., L.R.C.P., Lond., President of the American Medical Editors' Association; Associate Coroner, City of Toronto.

Physiotherapy:
Chas. R. Dickson, M.D., C.M., Queen's University; M.D., University of the City of New York; Electrologist Toronto General Hospital, Hospital for Sick Children and St. Michael's Hospital.

Pharmacology and Therapeutics:
A. J. Harrington, M.D., M.R.C.S., Eng., Toronto.

Pediatrics:
Allen Baines, M.D., Toronto; Associate Professor Pediatrics, University of Toronto; Physician, Hospital for Sick Children; A. R. Gordon, M.D., Toronto; Senior Medical Assistant, Toronto General Hospital; Helen MacMurchy, M.D., Toronto, Editor, The Canadian Nurse.

Dermatology:
D. King Smith, M.B., Tor., Toronto; Demonstrator in Pathology, Toronto General Hospital.

Medicine:
J. J. Cassidy, M.D., Toronto, ex-Member Ontario Provincial Board of Health; Consulting Surgeon, Toronto General Hospital; W. J. Wilson, M.D., Toronto, Physician, Toronto Western Hospital; and Dr. J. H. Elliott, ex-Medical Superintendent, Gravenhurst Sanatorium, Ont.; Associate Medicine and Clinical Medicine, University of Toronto; Senior Medical Assistant, St. Michael's Hospital.

Clinical Medicine:
Alexander McPhedran, M.D., Professor of Medicine and Clinical Medicine, Toronto University; Physician, Toronto General Hospital; Lewellys F. Barker, M.D., Professor of Medicine, Johns Hopkins University, Baltimore, Md. H. B. Anderson, M.D., Toronto; Associate Professor of Clinical Medicine, University of Toronto; Physician, St. Michael's Hospital.

Bacteriology:
J. G. Fitzgerald, M. D., Lecturer in Bacteriology, University of Toronto.

Mental and Nervous Diseases:
N. H. Beemer, M.D., Mimico Insane Asylum. Campbell Meyers, M.D., M.R.C.S., L.R.C.P. (London, Eng.), Private Hospital, Deer Park, Toronto.

Gynecology and Obstetrics:
Geo. T. McKeough, M.D., M.R.C.S., Eng., Chatham, Ont.; and C. F. Moore, M.D., Toronto.

Pathology:
W. H. Pepler, M.D., C.M., Surgeon Canadian Pacific R.R., Toronto; Junior Medical Assistant, St. Michael's Hospital; and J. J. MacKenzie, B.A., M.B., Professor of Pathology and Bacteriology, Toronto University Medical Faculty.

Ophthalmology:
J. M. MacCallum, M.D., Toronto, Senior Assistant Eye Department, Toronto General Hospital; Oculist and Aurist Victoria Hospital for Sick Children, Toronto.

Nose, Throat and Ear:
Perry G. Goldsmith, M.D., 84 Carlton St., Toronto, Laryngologist and Aurist, Provincial Institution for the Deaf and Dumb; Senior Assistant Ear, Nose and Throat Department, Toronto General Hospital.

Address all Communications, Correspondence, Books, Matter regarding Advertising, and make all Cheques, Drafts and Post-Office Orders payable to "The Canadian Journal of Medicine and Surgery," 145 College Street, Toronto, Canada.

Doctors will confer a favor by sending news, reports and papers of interest from any section of the country. Individual experience and theories are also solicited. Contributors must kindly remember that all papers, reports, correspondence, etc., *must be* in our hands by the first of the month previous to publication.

Reprints supplied Authors at Cost.

Editorials

IS QUEEN'S UNIVERSITY MEDICAL DEPARTMENT OF DOUBTFUL UTILITY?

Dr. J. C. Connell, Dean of the Medical Faculty of Queen's University—(see correspondence in the present issue)—protests against a statement made about his school in an editorial published in our August number (p. 89). The statement complained of is as follows: "The medical department of Queen's University is said to be of doubtful utility." He protests that there is no such statement in the report of the Carnegie Foundation, nor is it justified by anything in that report. We contend that a much severer statement than ours of "doubtful utility" could be based on the criticism of the Kingston Medical School in that report. To prove that contention, we quote from the Carnegie Foundation report as follows: "Toronto has practically reached the limits of efficiency in point of size. McGill and Manitoba are capable of considerable expansion. The future of Kingston is at least doubtful. It could certainly maintain a two-year school, for the Kingston General Hospital would afford pathological and clinical material amply sufficient up to that point. But the clinical years require much more than the town now supplies." (See The Carnegie Foundation for the Advancement of Teaching, etc.—Bulletin No. 4, p. 326.)

While the statement made by the American reporter is that "the future of Kingston is at least doubtful," his reasoning goes much farther. He shows that the school is of "doubtful utility," since it is only capable of carrying on a two-year course. That school lacks the clinical advantages required during the final years of the medical curriculum in Canada. Therefore, Queen's University medical department is of "doubtful utility," and the statement made about it in our August number is justified by statements made in the report of the Carnegie Foundation for the Advancement of Teaching, etc.

J. J. C.

THE TORONTO ISOLATION HOSPITAL

OWING to the rapid growth of Toronto in population, if for no better reason, the city Isolation Hospital should be built on generous lines. For many years, a building, which stands at a considerable distance from human habitation, has been devoted to smallpox. It is said to be sufficient for that purpose. At the Isolation Hospital there is accommodation for eighty scarlet fever cases and eighty diphtheria cases. There is no accommodation for measles or any other contagious disease. Obviously, Toronto, which has a population of 407,500 people, has outgrown the hospital accommodation for isolating contagious diseases, which sufficed for a population of half that number.

A new Isolation Hospital should be constructed in the form of separate pavilions, with ample accommodation for all cases of scarlet fever, diphtheria, measles and whooping cough. Another pavilion might be built for erysipelas, mumps, and chickenpox, each having an isolated flat. The wards should be of small size, none holding more than four patients, and a number of them with but one bed each. This arrangement would permit of the segregation of the early cases from advanced ones, the simple from the complicated, the noisy from the quiet.

There are two Isolation Hospitals at Montreal, one used by the Protestants, called the Alexandra Isolation Hospital, and another used by Catholics, called St. Paul's Hospital. The Alexandra Hospital, in addition to the administration building, has a scarlet fever pavilion, the largest of the group, 92x 112 in size, for which an entrance by the corridors and an entrance porch from the grounds are provided. Before entering the pavilion proper, an examination room and a discharge room are provided, so that a patient on entering is examined by the physician in charge, and if the disease he is suffering from has been diagnosed properly, the patient is passed on to the ward or private room to which he is assigned.

Both the diphtheria and measles pavilions are similar to the scarlet fever one in accommodation, but smaller, being 124x40 feet in size. As these dis-

eases do not require the same length of time for isolation, smaller buildings will answer.

The erysipelas pavilion consists of a one-storeyed structure, 30x62 feet in size.

The observation building is similar in layout to the erysipelas pavilion, and is used for the treatment of mixed, doubtful or undetermined cases.

As to the construction of the buildings, terra cotta, steel, concrete, brick and stone are the only materials that have entered into them, and every provision is made to prevent lodgment of infectious material. With this object in view, modern flooring has been eliminated, and a cement floor covering has been used that is free from cracks or seams; this floor is rounded next the walls and turns up on the same to form the baseboard. All halls and ceilings are in hard plaster, painted and enamelled white, the only hardwood used being the sashes and the doors, and these latter are of veneered hardwood without panels or mouldings.

In the ventilation of the Alexandra Isolation Hospital, a supply of fresh, screened air, heated in winter, is provided at each bed, while there is also at each bed an open aspirating duct, ensuring an updraught in both winter and summer, as these will be in operation even when the heat is turned off from each room. A Boyle's ventilator caps each duct.

The materials used in the construction of this magnificent structure are expensive, and a cheaper building would answer every reasonable demand. In designing isolation hospitals, architects should

provide simple yet elegant buildings, abundantly provided with light and air, suitable in every particular for the isolation of the infected sick, while, in every hygienic way assisting in promoting their recovery. J. J. C.

ARE TWENTY REMEDIES SUFFICIENT?

When engaged in copying into a book of record prescriptions which were dictated by a physician of the out-patient department of the Toronto General Hospital in 1866, the writer of this article asked him why several identical drugs were mentioned in the same formula. For instance, Tr. Calumba, Tr. Gentian and Tr. Chirata followed one another in the same prescription. The reply—a lame plea for polypharmacy—was as follows: "My boy, put a big charge of shot in your gun; if some grains miss the birds others will hit them."

The reply indicated that therapeutic effects obtained by the use of one simple bitter could not be obtained from another bitter of the same class. As the prescriber was a well-educated man of good intelligence, his reply did not reveal his real opinion. It rather covered a pretext, and meant that he preferred polypharmacy to the effort involved in making a diagnosis. However, his eloquent dictation made in the presence of waiting patients may have impressed them with his learning, and may have suggested to them the notion that many remedies of great power and majesty were to be used in curing their diseases. Hence, the medicinal effects of an

alkaline salt, combined with several bitter tinctures, largely depended on the length of the prescription and the impressive Latinity of the prescriber.

Looked at from the standpoint of the eloquent prescriber and his listening patients, a lengthy pharmacopeia is a boon. To the practising doctor, who prepares his own medicines, uses ready-made preparations, or writes a prescription, a copious pharmacopeia is a great bore. Many successful practitioners of the healing art are quite satisfied with a few well-tested remedies, and are not at all anxious to keep up with recent additions to the pharmacopeia. They entertain narrow views on therapy and their armamentarium is limited—too limited, indeed, if every indication is to be met. Not so limited as that of a Scottish practitioner in an English town, who acknowledged to Sir Walter Scott that he pinned his therapeutical faith to "Calamy and Laudany,"—but reaching upwards, in an ascending scale, from five remedies to twenty.

Huchard, a French author, has recently published a book entitled "The Therapeutics of Twenty Medicaments"; but an examination of the work shows that this title is incorrect in that he writes of twenty forms of medication or treatment, and one of these forms covers the chief specific sera, vaccine therapy and all other measures, other than drugs, designed to combat disease. Martinet, another French author, has written a book in which twenty remedies are named, which he considers an adequate medical armamentarium. Martinet's list contains a number

of drugs which are duplicated by Huchard; the first fourteen remedies named by each author are identical. They consist of sodium salicylate, mercury, potassium iodide, digitalis, iron, arsenic, opium, belladonna, potassium bromide, purgatives, ergot and antipyrin. Both these authors have confidence in some of the newer silver preparations, but the last six remedies in each list are very different. Thus, Huchard includes all the specific sera, but Martinet stands by anti-diphtheritic serum only. Martinet has confidence in caffeine and theobromine; Huchard only in theobromine. Martinet believes in phosphorus; Huchard does not mention it. Martinet includes chloral and antipyrin, but Huchard does not. On the contrary, he includes bismuth, sodium bicarbonate, the nitrites and glandular therapy.

It looks as though these authors, in bridging the chasm between health and disease, had discarded valuable planks. For example, Huchard leaves out the hypnotics like chloral, veronal, trional, sulphonal, and paraldehyde, and all the anesthetics, local and general. He also excludes the antiseptics and coal-tar products. Martinet mentions one of the latter—antipyrin.

We think that good practice can be done with twenty remedies; but a practitioner should not restrict his armamentarium to an exclusive use of twenty, forty or sixty remedies. On the other hand, he should not allow his memory to be cumbered with the names of a lot of unnecessary remedies.

J. J. C.

Editorial Notes

Candy Versus Tobacco.

Reports appearing in the English papers show that the extra tax under the new budget has increased the price of tobacco, so much, that the British laborer finds it hard to keep up his smoking. He has consequently taken to sweets, and it is by no means an uncommon thing to see a sturdy laborer buying a pennyworth of his favorite sweets, and starting to eat them. The sweet trade is improving, and the best proof of it is the increasing value of the shares of the big sweet-selling companies.

From the health standpoint the workman does well in taking to candy, and it will mean that money now ending in nothing but smoke and indigestion will go into nourishing food. Sweets, which can be readily procured, quickly restore muscular and nervous energy. Candy is an ideal thing for the workmen to take on their way home from their toil, better far than gin or beer. Temperance advocates should take notice of this unexpected result of the budget, and should encourage the British Government to stand by their extra tax on tobacco.

Quarantine Regulations of the Ontario Board of Health.

New quarantine regulations were adopted by the Ontario Board of Health April 10th, 1910, and some changes introduced. Regulation 5 provides that an apartment occupied by a patient ill with cerebro-spinal meningitis, or tuberculosis, shall not be occupied by another person until disinfected. Regulation 8 provides that cases of epidemic cerebro-spinal meningitis and anterior polio-meningitis shall be reported to the Secretary of the Local Board of Health, and the procedures adopted in cases of contagious diseases shall be applied to them.

According to Regulation 23, a physician attending upon a case of typhoid fever is obliged to report the same within twenty-four hours to the Secretary of the Local Board of Health, who shall report the same to the Secretary of the Ontario Health Board. Heretofore, typhoid fever not having been reported, medical health officers have not learned the etiology of important outbreaks of that disease, and unsuspected sources of typhoid fever have continued in operation. In this connection, Regulation 31 is worthy of a full quotation. It provides that "Any drinking water supply, shown to be a positive or probable source of disease, shall be condemned either by the Local Board of Health or by the Provincial Board of Health, and, when so condemned, shall not be used again as a drinking water supply until declared safe by the condemning party."

Regulations 32, 33, 34 provide for the procedure to be adopted when a person has been bitten by an animal suspected of rabies. The science of this new set of regulations is quite satisfactory. The spelling, however, leaves an impression that the proofreading was neglected, as several mis-spelled words may be noted, viz.: "Ophthalma," "Thracoma," "Ediculosis," "Impetio Contagiosa."

The Medical School of the Future.

The unendowed medical school, or its congener, the feebly endowed medical school, will go down or survive with difficulty in the coming time. The demands of higher medical education call for great expenses: in the construction and equipment of laboratories and libraries; in providing a staff of highly salaried teachers devoting their whole time to instruction; owing to the lengthening of the curriculum, and the necessity of securing for clinical purposes hospitals, maternity institutions and dispensaries, which will be placed under the direction of the teaching faculty.

Every medical school will have to live up to these requirements, and, as the smaller and poorer schools will be unable to do so, they will probably give up the struggle, and make way for others which have large endowments.

Commercialism in Medicine.

A nasty form of commercialism in medicine is the division of professional fees. A general practitioner brings a patient to a surgeon and gets a share of the profits, a percentage of the fee charged for an operation done by the surgeon. The surgeon in question, to whom the patient is a stranger, tips the physician and allows him so much for his amiable condescension. It is really a bribe, and the commission is not fairly earned. The patient, who might really wish to secure the services of another surgeon, is piloted to the consulting room of his physician's business partner. Doubtless the operation is well done; the surgical work may not be open to criticism; but the physician who adopts such "business" methods sinks medicine to the level of a trade.

To Destroy the Domestic Fly.

A circular recently issued by the American Civic Association gives a number of practical hints as to the best methods of ridding houses of flies, and they deserve to be known and put to a practical use. The circular says: "Provide screens for houses and food. Keep garbage receptacles securely covered. Remove stable manure every three or four days or disinfect with lye, chloride of lime, or crude carbolic acid. To clear a room of flies heat a shovel or any similar article and drop thereon 20 drops of carbolic acid; the vapor kills the flies. A better and cheaper plan is to put a spoonful of formalin in a gill of water and expose it in the room. Another is to dissolve one dram of bichromate of potash in two ounces of water, add a little sugar and place the solution in shallow dishes about the rooms."

A campaign conducted on these lines will do much to rid a household of this insufferable and dangerous pest.

Success in Tropical Research by a Canadian Physician

Dr. A. Y. Massey, who is a graduate in arts and medicine of the University of Toronto, has done important research work in tropical medicine, especially in defining the southern limits of the "sleeping sickness" in Central Africa, on the Congo-Zambesi watershed. Cambridge University has named a new species of acarid, discovered by Dr. Massey, rhipicephalus Masseyi, and the British Museum has conferred a similar honor in naming a new species of diptera—hæmatopota Masseyi. In the last edition of his work on tropical diseases, Sir Patrick Manson gives the description of a new tropical disease discovered and described by Dr. Massey.

Acute Anterior Poliomyelitis.

"Clinically, acute anterior poliomyelitis has considerable resemblance to an acute infection, and epidemics of it have been observed. Histologically, the lesion is a capillary thrombosis, not a true inflammation, and it is now coming to be regarded (Marie, Batten and others) as microbic in origin." (A System of Clinical Medicine. Savill.) Dr. S. Flexner, *Johns Hopkins Hospital Bulletin,* April, 1910, page 118, has succeeded in inoculating successfully 81 monkeys with emulsified material obtained from two cases of infantile paralysis in human beings. The virus was obtained by making an emulsion in salt solution of the spinal cord. The brain was chosen for the site of the inoculation; the average period of incubation was about nine days. Dr. Flexner asserts that the micro-organisms of anterior poliomyelitis cannot be affirmed at present. There are no bacterial or protozoal parasites; but the virus of the disease can be filtered and the filtrates have been used repeatedly to inoculate monkeys. The virus is injured by heating—a temperature of 113°-122° F. maintained for one-half an hour will render the filtrate incapable of producing paralysis. The virus will keep at least fifty

days at a temperature of 39.1° F.; it resists glycerination for at least seven days, and also resists drying over caustic potash in a dessicator for the same period.

In reference to the etiology of this malady, Dr. Flexner says: "The lymphatics of the nasal and pharyngeal mucosa through the crilriform plate forms the most direct connection existing between the meninges and the external world. It has been possible, on account of the filterability of the virus, which process would eliminate all bacteria, that the virus may escape from the meninges by this route. The accomplished infection by this route is still to be determined."

In discussing Dr. Flexner's paper, Dr. L. F. Barker said that Lévaditè and Landsteiner have demonstrated the existence of the virus of this malady in the saliva of infected persons, and these observers assume that this disease may be spread by way of the saliva. Dr. Barker said further: "The fact that this disease is due to a filterable virus, that its main expression is in the central nervous system, and that the salivary glands become infected make its resemblance to rabies very close. Unfortunately, experiments thus far made in preventive inoculation with dried spinal cords, during the incubation period, have not been successful." J. J. C.

News of the Month

THE CANADIAN MEDICAL EXCHANGE

Dr. Hamill, medical broker, who conducts the Canadian Medical Exchange, 75 Yonge Street, Toronto, for the purchase and sale of medical practices and properties, desires us to state that the inhabitants of several different villages throughout Ontario, without a doctor, have written him to try and induce some physician to locate therein. The population and area should warrant a practice of at least from two to three thousand yearly, cash. He will be pleased to furnish the names of those villages to any who think the opening would suit them. At the same time, to those wishing to buy a practice he has a list of over twenty to offer, thus offering a short cut to those in need.

AMERICAN PUBLIC HEALTH ASSOCIATION TO MEET IN MILWAUKEE

The American Public Health Association will hold its 38th annual meeting in Milwaukee, Wisconsin, September 5th to 9th next. Representatives from many of the national organizations working in the interest of the public health have been invited to be present and to discuss methods for the correlation of the work of such organizations, and for co-operation, with a view to increasing efficiency and economy. Sanitary engineering will occupy a conspicuous place on the programme.

This Association is the oldest national sanitary organization in the United States. Its membership extends over the United States, the Dominion of Canada, Mexico, and Cuba. Information concerning it can be obtained by addressing Dr. Wm. C. Woodward, Secretary, Washington, D.C.

DR. J. W. S. McCULLOUGH SUCCEEDS DR. HODGETTS

Dr. John William Scott McCullough, of Alliston, whose appointment as Secretary of the Provincial Board of Health to

succeed Dr. Charles A. Hodgetts, who resigned to accept the position of medical adviser to the Dominion Conservation Commission, was announced by Provincial Secretary W. J. Hanna recently, has been a member of the Provincial Board of Health for four years, and has taken a deep interest in matters of sanitation during his term of office.

Dr. McCullough has a large practice in Alliston. He formerly practised in Dundalk. He graduated from Trinity University in 1891. Dr. Bell has been discharging the duties of the office since the resignation of Dr. Hodgetts went into effect.

HENRY WAMPOLE'S EXCURSION

The first annual excursion of the employees of Henry K. Wampole & Co., Limited, Perth, Ont., where the whole laboratory took part, was held Saturday, July 23rd. The St. Louis and Arrah Wannah were chartered for the day, and the trip was made up the Rideau Lake to the Rocky Narrows. About 120 of the employees, accompanied by a limited number of their most intimate friends, took part, and from the time the boats left Perth until their return it was a continual round of pleasure. In fact, it was, without doubt, the most successful and thoroughly enjoyable excursion that has been held in that vicinity. A substantial lunch was spread at the Rocky Narrows, and was thoroughly appreciated by all. A programme of sports was arranged and very successfully carried out. After the sports a very enjoyable trip was made to the Ferry, supper being spread on tables on the lawn in front of the Coutts House. Much credit is due Mr: King for the excellent table which he placed before the assembled guests. After supper, the prizes were distributed to the successful winners in the different events of the sports. The entertainment programme was given from the St. Louis, and it was a surprise to many to find such talent contained in the laboratory. An early boat was scheduled to leave for Perth at 7.45, about thirty taking advantage of an early return home, while the majority remaining took a moonlight up the lake, returning to the Ferry in time for a dance. A delightful trip home brought to a close a day of good, wholesome enjoyment, and

great credit is due to the committee who made such splendid arrangements, whereby the proceedings were put through to the satisfaction of every individual person who took part in the excursion. This is the first excursion in which all the employees participated, and it is the wish of all that there will be many more to follow.

The Pathological Aspects of Intestinal Fermentation*

When we refer to intestinal antisepsis we mean, of course, a limited antisepsis directed against putrefactive and other pathogenic germs.

Under ordinary circumstances nature supplies us with the means of preventing the intestinal canal becoming the habitat of undesirable organisms. The action of the digestive juices on the one hand and prompt evacuation of the post-digestion residues on the other, afford sufficient protection against a pathological multiplication of organisms accidentally present. When for any reason digestion is delayed or imperfectly carried out, and when, owing to muscular paresis, the imperfectly digested contents are allowed to stagnate in the intestine, irregular fermentations take place with the formation of toxins the absorption whereof is gravely prejudicial to health.

These irregular fermentations give rise to symptoms of intestinal dyspepsia with the formation of gaseous, acid and toxic products, and these not only determine local symptoms of irritation, but by the passage of the soluble products into the blood set up disturbances in distant organs—the nervous system, and the skin.

The object of the Lactobacilline treatment, as defined by Professor Metchnikoff, is therefore to control intestinal fermentation along with the micro-organisms that cause it, without introducing any toxic products into the body and without interfering with the normal bacteria of the canal. This complex therapeutical problem has been solved by the introduction of Lactobacilline since both experimental and clinical data confirm the theoretical assumption based on the observed anti-putrefactive action of nascent lactic acid.

For a free sample box of Lactobacilline tablets, the profession are invited to apply to the sole Canadian agent, Mr. Kelly Evans, 64 Wellington St. W., Toronto.

*Publishers Department.

The Physician's Library

Serum Therapy and Bacterio Therapeutic Preparations. Reprinted from Merck's Report, 1909. E. Merck, Darmstadt. London office, 16 Jewry St., E. C. 1910.

We are just in receipt of a copy of this pamphlet from Herr E. Merck, of Darmstadt. It is full of valuable information regarding the uses of the different serums, including anthrax serum, antistreptococcic serum, antothyroidin moebius, cancer serum, diphtheria antitoxin, gonococcus serum, hay fever serum, pneumococcus serum, staphylococcus serum and tetanus serum. Any medical practitioner desiring to receive a copy can do so on forwarding his card to the head office in Germany.

The Religio-Medical Masquerade. A Complete Exposure of Christian Science. By FREDERICK W. PEABODY, LL.B., of the Boston Bar. Boston: The Hancock Press.

The writer of this interesting little volume has had exceptional opportunities of knowing, as a lawyer interested in a case knows, the true inwardness of what is called by its followers "Christian Science," but of which the author says, "There can be no greater irreverence than Mrs. Eddy's calling her pretended religion 'Christian,' and no greater absurdity than her calling it 'Science.'"

The writer is a hard hitter, and says what he means. He places the whole subject before his readers from the standpoint of sworn testimony, or what is almost equally good, by making statements, many of which are of the most damning character, and which he asks Mrs. Eddy, or anyone else, to contradict, if they dare. He characterizes Christian Science as "the most shallow and sordid and wicked imposture of the ages," and goes on to show that "there has never been a scientifically established Christian Science cure." That "there is not a Christian Science healer in good and regular standing anywhere in the world who tells the truth, or tries to tell the truth, or could tell the truth if he tried." That Mrs. Eddy has been three or four times married, and yet, so far as she knows it, would have us believe that mar-

riage is "legalized lust." Mrs. Eddy is charged with almost all forms of crime, from successful larceny to unsuccessful attempts at the infliction of grievous bodily harm, or of death itself.

A more terrible arraignment of Christian Science has certainly never been written, and no one who takes the slightest interest in the welfare of mankind should be without this book. Every doctor should read it. A. J. J.

International Clinics. A Quarterly of Illustrated Clinical Lectures, and especially prepared Original Articles on Treatment, Medicine, Surgery, etc., etc. By Leading Members of the Medical Profession throughout the world. Edited by Henry W. Cuttell, A.M., M.D., Philadelphia. Vol. 2, 20th series. 1910. Philadelphia and London: J. B. Lippincott & Co.

This volume of 300 pages contains a number of articles of much practical interest in the different departments of medicine. Dr. James Tyson deals with the Treatment of Cardio-Vascular Disease. Interesting papers on the Progress of Therapeutics and the Progress of Medicine during the past 20 years are contributed by Dr. A. L. Benedict, of Buffalo, and Dr. James J. Walsh, of New York, respectively. Their perusal will have a chastening influence on those who imagine that progress during this period has revolutionized medical practice.

Dropsy and its Treatment, by Herman B. Allyn, epitomizes generally approved therapeutic measures.

Timely papers are contributed by Charles G. Cumston, on the Diagnosis of Chronic Pancreatitis, and by Frank Billings, on the Effects of Gall Bladder Infections. The Clinical Value of Lumbar Puncture is dealt with by S. R. Klein.

The present interest in the study of malignant tumors is reflected in papers by Guthrie McConnell, on the Spontaneous Cure of Cancer; J. Garland Sherrill, on Inoperable Tumors, and by Leslie Buchanan, on Epithelial Tumors of the Eyelids.

Drainage of the Ventricles is the subject of a paper by Louis Fischer.

The Treatment of Eclampsia is discussed in papers by J. W. Ballantyne and Robert Jardine, and Cylsiognosis, by Wm. B. Doherty.

In Dermatology, Arthur Whitfield has a good paper on Seborrhea and Its Consequences, and in Neurology, Max G. Schlapp discusses Syringomyelia with Hypertrophy and Atrophy.

Perhaps the most interesting contribution to this volume is the paper by Roland G. Curtin on the Book Plates of Physicians, with remarks on the Physician's Leisure-Hour Hobbies, a perusal of which will pass a pleasant and profitable hour.

The International Clinics are worthy of a place in the library of every progressive practitioner. H. B. A.

International Clinics. Edited by Henry W. Cattell, M.A., M.D., Philadelphia. Vol. I.; Twentieth Series. 1910. Philadelphia and London: J. B. Lippincott Company.

This excellent quarterly publication of illustrated clinical lectures and original articles by representative leaders of the profession throughout the world is deserving of a place in the library of every progressive physician. It deals with the widest range of subjects of interest to the profession, and helps to keep the busy practitioner in touch with the progress of the science and art of medicine. The present volume maintains the high standard and interest of previous volumes. The "Serum Diagnosis of Syphilis" is dealt with by Homer T. Swift, Noguchi and B. Sachs; the "Symptomatology and Treatment of Pellagra," by J. J. Watson and James M. King; "Purin Metabolism," by Gideon Wells; "Tuberculins and Their Diagnostic and Therapeutic Use," by J. B. Nichols; "Tabes Dorsalis—Its Rational Treatment in the Light of Its Real Pathogenesis," by Tom A. Williams; "Eye Strain Among School Children," by Aaron Brav; "Progress of Gynecology and Abdominal Surgery During the Last Twenty Years," by A. Lapthorn Smith; "The Progress of Medicine During 1909" is reviewed by A. A. Stevens, John H. Musser and Jos. C. Bloodgood, dealing respectively with Treatment, Medicine and Surgery.

Space does not permit of a review of the individual articles, but the well-known names of the contributors are in themselves a guarantee of their excellence. H. Y. A.

American Practice of Surgery. A complete system of the Science and Art of Surgery, by representative Surgeons of the United States and Canada. Editors: Joseph D. Bryant, M.D., LL.D., and Albert H. Buck, M.D., New York City. Complete in eight volumes. Profusely illustrated. Vol. 7. New York: William Wood & Company. 1910.

This splendid work is now reaching completion. Volume 7 is a continuation of the previous volume, and is devoted to Regional Surgery.

Among the contributors to this volume we find the names of such men as Dr. E. Wyllys Andrews, of Chicago; Dr. Samuel T. Earle, of Baltimore; Dr. J. D. Griffith, of Kansas City; Dr. Malcolm La Salle Harris, of Chicago; Dr. Charles W. Oviatt, of Oshkosh; Dr. Charles H. Peck, of New York; Dr. Charles A. Porter, of Boston; Dr. William C. Quimby, of Boston; Dr. Nathan Jacobson, of Syracuse; Dr. Robert Grier Le Conte, of Philadelphia; Dr. Andrew J. McCosh, of New York; Dr. William McDowell Mastin, of Mobile; Dr. Albert J. Ochsner, of Chicago; Dr. John C. Reeve, of Dayton; Dr. Francis T. Stewart, of Philadelphia; Dr. James Percival Tuttle, of New York.

Volume 7 covers in all about nine hundred and fifty pages, and takes up such important chapters in surgery as "Surgical Diseases and Wounds of the Pelvis and Gluteal Regions," "Surgical Diseases of the Extremities," "Surgical Diseases and Wounds of the Abdominal Wall," "Diagnosis of Tumors of the Abdomen," "Surgery of the Pericardium, Heart and Blood-Vessels," "Surgical Diseases and Wounds of the Stomach," "Surgical Diseases of the Diaphragm," "Surgical Treatment of Infectious Peritonitis," "Abdominal Hernia," "Inflammatory and Other Diseases of the Vermiform Appendix," "Surgical Diseases and Wounds of the Intestines," "Surgical Diseases of the Anus."

The volume, in itself, might almost be termed a work on surgery, and each chapter a masterpiece. The chapter that interested us most is that devoted to "Inflammatory and Other Diseases of the Vermiform Appendix." Under the "Treatment of Appendicitis," we find that the author states that in many cases there is practically no early stage in the disease. In other cases the disease never passes beyond the early stage, the inflam-

mation involving the inner coats only of the appendix, and between these two extremes are found perhaps the majority of cases. The author thinks, with the majority of surgeons, that in the early stage of acute appendicitis operation is undoubtedly the wisest form of treatment, and the universal application of this rule gives most favorable results. He thinks, however, that there are exceptions to this rule, such as a certain condition of the patient, certain peculiarities of the body or certain obstacles in the surroundings which may contraindicate immediate operation. It is always wise to announce early to the patient the risk of delay, so that the onus of any complication ensuing rests upon the sick person. Appendicitis is a most treacherous disease, and it is impossible to give any rule that will enable the attendant surgeon to determine whether it is to be mild, and terminate in recovery, or be serious, with gangrene as an almost certain complication.

The chapter devoted to "Surgical Treatment of Infectious Peritonitis" is also worth reading, as also that devoted to "Diagnosis of Tumors of the Abdomen."

We think we are safe in repeating what we have already said, namely, that "The American Practice of Surgery" is one of the most important works of its kind published in many years.

W. A. Y.

Prescription Writing and Formulary. By John M. Swan, M.D., Associate Professor of Clinical Medicine in the Medico-Chirurgical College of Philadelphia; Instructor in Clinical Pathology and Tropical Medicine, Philadelphia Polyclinic and College for Graduates in Medicine; Fellow of the College of Physicians, of Philadelphia. Containing 1,043 Prescriptions. Philadelphia and London: W. B. Saunders Company. 1910.

This is a little work, suited for the pocket. It contains 185 pages, the first 60 of which are devoted to prescription writing, including a great deal of useful information, such as Incompatibility, Dosage, Weights and Measures, and Latin terms used in prescriptions. The balance of the work is made up of Formulary, arranged alphabetically according to the disease, from acne to yellow fever. This part of the work will be found of great

service to the younger members of the profession who wish to write elegant prescriptions and at the same time keep to the Pharmacopœal preparations. In fact, the object of the work is to supplement the teaching of the present day and help the recent graduate where he feels conscious of a weak spot in his equipment. W. J. W.

The Diseases of Children. By James Frederic Goodhart, M.D., LL.D., Aberd., F.R.C.P., Consulting Physician to the Evelina Hospital for Sick Children; Consulting Physician to Guy's Hospital; Late Demonstrator of Morbid Anatomy, and Lecturer on Pathology in its Medical School. Ninth Edition. Edited by George Frederic Still, M.A., M.D., F.R.C.P., Professor of Diseases of Children, King's College, London; Physician for Diseases of Children, King's College Hospital; Physician to Out-Patients, The Hospital for Sick Children, Great Ormond Street. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut Street. 1910.

Any author who is called upon to revise a medical work no less than nine times in but a few years must accept the same as being particularly complimentary to him. The ninth edition of Goodhart and Still has just reached us, and, on looking it over, we find that it has been thoroughly revised. It would seem to us as if the author had gone over his book chapter by chapter, leaving out everything that might seem redundant and adding to his text quite materially. Too many books are but cursorily revised; but in this case the authors in reality present to the profession an entirely new volume. It is, throughout, the result of personal experience on the part of Drs. Goodhart and Still, in both hospital and private practice. The book is divided into no less than fifty-nine separate and distinct chapters, and will be found by purchasers to be well worth the price charged by the publishers.

The Principles of Gynecology. By W. Blair Bell, B.S., M.D., Lond., Assistant Gynecological Surgeon, Royal Informary, Liverpool. With six colored plates and 357 illustrations in the text. Longmans, Green & Company, 39 Paternoster Row, London, New York, Bombay and Calcutta. 1910. All rights reserved.

This volume, from the pen of one who is in a position to present the subject of Gynecology to the profession, presents "a complete and modern survey of the foundations on which Gynecology is established." We must compliment the author upon his volume, as it has been written in order to be of use, not alone to the general practitioner, but to the medical student as well, something that is too frequently overlooked by the average author.

The volume is one of over five hundred pages, and has been divided into sixteen chapters. It has been freely illustrated, and contains not less than six beautifully colored plates.

The chapter which interested us perhaps more than any other is that devoted to "The Preparation for Operation and Subsequent Management of the Case." Under this heading the author deals at some length with such points as "The Choice and Preparation of the Room," "The Requisites to be Prepared by the Nurse," "The General Preparation of the Patient for Operation," "Anesthesia," "The Preparation of the Patient for Special Operations," "Post Operative Complications and their Management," and "The Administration of Saline Infusions." This chapter is particularly practical and will appeal to the fourth year student, as well as the general practitioner.

We compliment the author upon his work.

The Practical Medicine Series. Comprising ten volumes on the year's progress in medicine and surgery. Under the general editorial charge of Gustavus P. Head, M.D., Professor of Laryngology and Rhinology, Chicago Post-Graduate Medical School; Charles L. Mix, A.M., M.D., Professor of Physical Diagnosis in the Northwestern University Medical School. Volume 2, General Surgery. Edited by John B. Murphy, A.M., M.D., LL.D., Professor of Surgery in the Northwestern University, Attending Surgeon and Chief of Staff of Mercy Hospital, Wesley Hospital, St. Joseph's Hospital and Columbus Hospital; Consulting Surgeon to Cook County Hospital and Alexian Brothers' Hospital, Chicago, Ill. Series 1910. The Year Book Publishers, 40 Dearborn Street, Chicago.

Here again is this valuable little volume, chock full of useful information, made up of the year's contributions to surgery.

The *spice* that Doctor Murphy puts into all his writings assists materially in making this compilation interesting—yes, fascinating.

In this volume is a valuable resumé of the work on goitre during the past year.

The editor laments that the supra-pubic operation is not more often resorted to in the removal of the prostate. A visit to Toronto would convince him that Toronto surgeons are doing great work in this operation. F. N. G. S.

Essentials of Laboratory Diagnosis. By Francis A. Taught, M.D. Second edition. Philadelphia: F. A. Davis Co. 1910.

This book of small size contains all the essentials of clinical laboratory work for the general practitioner. Included in it are all ordinary methods of examination of sputum, blood, stomach contents, urine and feces; it also contains chapters on opsonic methods, blood pressure, blood coagulation, bacteriological methods, serum diagnosis and the body fluids. The methods are clearly explained, it is sufficiently illustrated, and has a useful appendix of formulae. It is up-to-date and will be found a useful book for every-day work. G. S.

Hookworm Disease—Etiology, Pathology, Diagnosis, Prognosis, Prophylaxis and Treatment. By George Dock, A.M., M.D., Professor of the Theory and Practice of Medicine, Medical Department Tulane University of Louisiana, New Orleans, and Charles C. Bass, M.D., Instructor of Clinical Microscopy and Clinical Medicine, Medical Department Tulane University of Louisiana, New Orleans. 250 pages, royal octavo. Fifty illustrations, including one colored plate. Price, $2.50. C. V. Mosby Company, St. Louis, Publishers.

As considerable has appeared of recent months in the Medical Press regarding Hookworm Disease, this volume, from the pens of Drs. George Dock and Charles C. Bass, will be found of interest. It is a volume of nearly 250 pages, and is divided into ten chapters.

Hookworm Disease is perhaps one of the strangest of human diseases, its ravages, especially amongst tropical people, having been most serious. Various and many attempts have been made

by scientists to find out what Hookworm Disease really is, and it is only recently that any light has been thrown upon the subject. This volume will be found most interesting and should be at least of some assistance in the efforts being made towards its extermination.

Inanition and Fattening Cures. By CARL VON NOORDIN. Translated by ALFRED CROFTAN, M.D. E. B. Fiat & Co., New York. 1910. Price, $1.50.

The title indicates the scope of the work. The theme is of considerable interest to proprietors of sanatoria, who are called on to provide suitable diets for the vast army of people suffering from the evils of overnutrition or undernutrition. The iron. arsenic manganese, calcium salts and lecithin, contending that the therapeutic advantages ascribed to these remedies in various diseased states can be better obtained by suitably determined diets. (Vids p. 69.) For fattening purposes he recommends light wines at meals, and porter at night. Whatever may be said of the modus operandi of the inorganic preparations of iron, the beneficial results in anemia and chlorosis of large doses of these agents are too manifest to justify abandonment of them by the profession. J. J. C.

The Practical Medical Series, comprising ten volumes on the year's progress in medicine and surgery. Under the general editorial charge of Gustavus P. Head, M.D., Professor of Laryngology and Rhinology, Chicago Post-Graduate Medical School. Volume 1. General Medicine edited by Frank Billings, M.S., M.D., head of the Medical Department and Dean of the Faculty of Rush Medical College, Chicago, and J. H. Salisbury, A.M., M.D., Professor of Medicine, Chicago Clinical School. Series 1910. Chicago: The Year Book Publishers, 40 Dearborn Street. Price of this volume $1.50. Price of the series of ten volumes, $10.00.

The present volume is one of a series of ten issued at about monthly intervals, and covering the entire field of medicine and surgery. This series is published primarily for the general practitioner; at the same time the arrangement in several volumes enables those interested in special subjects to buy only the parts they desire.

The authors of the present work supply a synopsis, sometimes of a critical character, of recent work and literature dealing with diseases of the respiratory organs, diseases of the circulatory organs, diseases of the blood and blood-making organs, infectious diseases, diseases of the ductless glands, diseases of the kidneys. J. J. C.

Refraction and Motility of the Eye, with chapters on color blindness and the field of vision. Designed for students and practitioners. By Ellice M. Alger, M.D., Adjunct Professor of Ophthalmology at the New York Post-Graduate School. 122 illustrations. F. A. Davis Co., Philadelphia. $1.50.

This is one of the most sensible and reasonable books yet presented on this subject. We do not yet know the exact effects of abnormal refraction upon the system; we can learn them only by exact observation and by the co-operation of the general practitioner and the ophthalmologist, but the latter must not approach it from the standpoint of any preconceived theory, but from the facts observed in each case. The theory will then be shown here, and advance there until at length we reach the truth.

J. M.

Diseases of the Heart and Aorta. By Arthur Douglas Hirschfelder, M.D., Associate in Medicine, Johns Hopkins University. With an introductory note by Llewellys F. Barker, LL.D., Professor of Medicine, Johns Hopkins University. 329 illustrations by the author. Philadelphia and London: The J. B. Lippincott Company.

To this important work we find an "introductory note" from the pen of Professor Lewellys F. Barker, than whom there is none better to speak upon so important a field of internal medicine as diseases of the heart and aorta. How true is the following paragraph in the introductory note: "In diseases of the circulatory system new methods of study have led to the discovery of many new facts, and a great many workers have been attracted during the last twenty years to this domain of cardiovascular inquiry."

The author of the book has for a number of years past made a special study of cardiac disease, being Associate Professor of

Medicine at Johns Hopkins University. In this volume he epitomizes "The actual condition of the subject at the present time." Anything from his pen may be accepted as being the most recent study in this specialty. He has presented to the reader "side by side the phenomena observed at the bedside and the facts learned in the laboratory," showing how one supplements the other. He devotes considerable space to the study of blood pressure, the graphic study upon alterations in the cardiac rhythm by means of the venous pulse, the outlining of the heart and vessels by means of the X-ray and the phonographic recording of the heart's sounds. He also dilates somewhat upon failure of the heart, tracing it through its varying stages, through the stage of primary over-strain to that of broken compensation. In his book, too, he calls attention to the general methods of treatment in cardiac disease, dietetic, gymnastic, electrical, etc. The volume is one of six hundred pages or more and contains three hundred or more illustrations. It is divided into four parts: part one, "General Considerations and Methods of Diagnosis"; part two, "Diseased Conditions due to Diffuse Pathological Processes"; part three, "Diseased Conditions due to Localized Lesions," and part four, "Functional Diseases without Anatomical Lesion."

Operative Surgery. For students and practitioners. By JOHN J. MCGRATH, M.D., Professor of Operative Surgery at the New York Post-Graduate Medical School; Consulting Surgeon to the New York Foundling Hospital; Visiting Surgeon to the Harlem and Columbus Hospitals; Fellow of the New York Academy of Medicine; Member of the American Medical Association, etc. Third revised edition, with 276 illustrations, including many full-page plates in color and halftone. F. A. Davis Company, publishers, Philadelphia. 1909.

In this, the third edition, particular care has been given to the preparation of the section on Abdominal Surgery. Much new matter has been added, and many of the operations described are considered as emergency ones.

In a future edition the section on the "Head and Face" might reasonably receive similar attention, for a great deal

might be left unsaid, and much might be added, that would assist the beginner as to the detail of technique.

In the section, too, on the "Urinary System," some might be added. In a discussion of prostatectomy, American surgeons would do well to study European and Canadian literature before determining positively that the perineal route is the one of choice.

It strikes the reviewer as rather odd that a modern text-book on "Operative Surgery" should fail to even mention the possibility of operation in fractures except in the one instance of fracture of the patella, and in this, the least useful incision is the one chosen. Perhaps a future edition will correct these omissions. F. N. G. S.

ROENTGEN RAYS AND ELECTRO-THERAPEUTICS, with chapters on radium and phototherapy. By MIHRAN KRIKOR KASSABIAN, M.D., Director of the Roentgen Ray Laboratory of Philadelphia General Hospital; formerly in charge of the Roentgen Ray Laboratory and Instructor in Electro-Therapeutics in Medico-Chirurgical Hospital and College; Member of the Philadelphia County Medical Society; Pennsylvania State Medical Society; American Medical Association; Vice-President of the American Roentgen Ray Society; Vice-President of the American Electro-Therapeutic Association. Second edition. 540 pages, 245 illustrations. Philadelphia and London: J. B. Lippincott Company.

An especially melancholy interest attaches to the appearance of this second edition of Dr. Kassabian's well-known work on electro-therapeutics, inasmuch as the talented author died on July 12th, a martyr to his zeal in the cause of radiography, and, to the list of distinguished names of those who have sacrificed their lives to the X-ray and are mentioned in his book, his own no less distinguished name must now be added. The work contains several photographs of the author's hands at different stages of the X-ray dermatitis, and much attention is devoted to this ghastly outcome of radiography, which was all too common in the early days of the science before so much was known of the insidious action of the ray and of the methods of protection therefrom.

In the revision of the book it has not only been brought up to date, but much valuable material has also been added, and in the preface the author requests special attention to the subjects of Ionic Therapy, Electric Sleep and Fulguration, while, as might be expected, the chapters on Roentgenography leave little to be desired, the author having been an acknowledged leader in this department. C. R. D.

Elements of Pharmacy, Materia Medica and Therapeutics. By Sir William Whitla, M.A., M.D., LL.D., Professor of Materia Medica and Therapeutics, Queen's University, Belfast; author of "Dictionary of Treatment," "Practise of Medicine" (2 vols.), etc. Ninth edition. Thirty-second thousand. Bailliere, Tindall & Cox, 8 Henrietta Street, Covent Garden, London. 1910.

This work is intended to be a companion to the author's work on "Treatment." It contains an account of the new sera and vaccines, and much has been re-written and thoroughly revised. This work has much in its favor, as it is so arranged that a student can ascertain his information easily without going over a large volume of reading matter, owing to the large number of tabulated preparations. A very good work, indeed.

A. J. H.

From the State Hospitals, Hamburg. *Atlas of Pathological Anatomy.* (Reproduced from recent specimens.) With explanatory text, anatomical and clinical, by (the late) Prof. Dr. Alfred Kast, Professor of Clinical Medicine in Breslau, and formerly Director of the State Hospitals, Hamburg, and Prof. Dr. Eugen Fraenkel, Prosectorat, the General Hospital, Hamburg-Eppendort, and Dr. Theodor Rumpel, Senior Physician, the General Hospital, Hamburg-Eppendort. With a preface to the English Edition by J. Lorrain Smith, M.D., Professor of Pathology, University of Manchester. Translation by Francis C. Purser, M.D., Assistant Physician, Richmond, Whitworth and Hardwicke Hospitals, Dublin. Complete in 26 parts. Single parts, $1.25 net. Single plates, 40c. net. London: Bailliere, Tindall & Cox, 8 Henrietta Street, Covent Garden.

We have been favored by the publishers with the first twelve parts of this splendid Atlas, which we understand is to consist of twenty-six parts altogether. It consists of a series of splendid colored photogravures dealing with pathological conditions as found in the various human organs.

After looking carefully over the parts already to hand, we have concluded that the Atlas should be without any doubt a most valuable addition to pathological literature. It gives to both the physician and medical student "an Atlas of carefully selected types of the most important pathological conditions, reproduced in an almost perfect way." The publishers give us to understand that the balance of the work will appear one part each month.

Along with each part there goes a description of each photogravure, giving the clinical history of the case, in that manner adding to the value of the work as a whole very materially.

We confidently recommend the Atlas to the profession at large, though it may be that it will be found of more particular interest to pathologists. Each part sells at $1.25.

W. A. Y.

Modern Problems in Psychiatry. By Ernesto Lugaro, Professor Extraordinary of Neuropathology and Psychiatry in the University of Modena. Translated by David Orr, M.D., and R. G. Rows, M.D. Foreword by T. S. Clouston, M.D., LL.D. Published by Sherratt & Hughes, publishers to the Victoria University of Manchester. Medical Series, No. XII.

This excellent work should be in the hands of every alienist. The author's aim has been to indicate the questions which are being actively discussed at the present day. The problem of the relations existing between mind and body has always been a matter of intense interest, and to obtain a clear conception of the particular problems to be solved is an immense task, which the author endeavors to state clearly in this work. As Dr. Clouston says in the foreword, "I feel that I have been able to give but a poor idea of the merits and character of this remarkable book, which I know will be a valuable addition to English psychiatric literature." The work of the translators has been well done and the entire book is in every way worthy of the Manchester University Press.

D. C. M.

Correspondence

The Editor cannot hold himself responsible for any views expressed in this Department.

To the Editor:

In your editorial in the August number on "The Medical Schools of Canada" the paragraph referring to Queen's begins as follows: "The medical department of Queen's University is said to be of doubtful utility." I beg to protest that there is no such statement in the report, nor is it justified by anything in the report. Please quote the report in full so far as its reference to Queen's is concerned and allow your readers to judge for themselves. The selections which you have made are, in my opinion, unfair and arranged as they would be by one prejudiced against Queen's. Taking the actual words of the report, you might just as easily have written as follows:

"Kingston represents a distinct effort toward higher ideals. The laboratory building is new and the equipment is adequate. Physics, chemistry and physiology are taught in the university. Full time professors in anatomy and pathology are provided by the medical school. The school relies on the Kingston General Hospital, in which its faculty practically constitutes the staff. The average number of beds available is 80, but they are well used. Students are required to work up individual cases in correct form, including the laboratory reports. Post-mortems are secured at Rockwood Insane Asylum. Two supplementary hospitals provide additional illustrative material. The future of Queen's depends on its ability to develop the Ann Arbor type of school."

If you had quoted as above it might be supposed that the report contained no unfriendly criticism whatever, yet it would be quite as reasonable as what you wrote. However, I ask for no favor, but I must take exception to misrepresentation. You will please note that Queen's is one of the "four better English schools" referred to in the last clause of your editorial as being commended in the report, and if you will turn to the report of the Education Committee of the American Medical Association you will see that Queen's is put in "Class A" with Toronto, McGill and Manitoba.

No doubt many of your readers are graduates and friends of Queen's, and you will permit me to say to them that Queen's is keeping pace with the requirements of modern medical education and will continue to do so. The faculty invites inspection and criticism, too, if it be based on accurate knowledge. We know where our weak points are, quite as well as the Dean of the medical faculty of Toronto University knows the weaknesses of that corporation, and we are prepared to deal with them with equal courage.

J. C. CONNELL,

Dean, Medical Faculty, Queen's University.

Plantagenet, Ont., Aug. 1, 1910.

Dr. W. A. Young, Toronto, Ont.:

DEAR SIR,—Your editorial of this date does sure hit the bull's eye in the pink. But I hope that you have another shot coming: that long list of examiners and the subjects on which they examine, also the remuneration that they have received in the last three years, should have the X-rays of your publication turned their way.

You have certainly earned the thanks of the medical profession at large and shown that the medical press as represented in THE CANADIAN JOURNAL OF MEDICINE AND SURGERY has a reason for its existence.

"Let no man put his hand to the plough and then look back." Neither should he weary in well-doing, for in due time he shall reap if he faint not. Thanking you for the light you have let in on this subject, I am,

Yours respectfully,

W. J. DERBY.

Ontario, Canada,
July 30, 1910.

Managing Editor CANADIAN JOURNAL OF MEDICINE AND SURGERY:

DEAR SIR,—Replying to your favor of yesterday, as to the Medical Council I would possibly be unwise to express myself as I should had I not been a candidate for membership in that honorable (?) body at the last election, and my successful opponent had not taken his share of the melon, measly as it was. Clearly exposure from some source was necessary to prevent complete moral collapse, and it is a matter of surprise and great humiliation for me to learn that a few unearned dollars could produce such severe attacks of moral myopic astigmatism in so many members of our medical parliament. I remain,

Faithfully yours,

————, M.D.

[It would be out of the question for us to attempt to publish all of the letters we have received. They come from all over the Province, and go, one and all, to show that our criticisms of the Ontario Medical Council are appreciated.—W. A. Y.]

August 11, 1910.

To THE CANADIAN JOURNAL OF MEDICINE AND SURGERY, TORONTO:

At the recent meeting of the Congress of American Physicians and Surgeons, held in Washington in May, 1910, a joint session of the American Orthopedic and American Pediatric Societies was held and the subject of epidemic poliomyelitis was discussed. The following resolution was adopted:

"It having been shown by recent epidemics and investigations connected with the same that epidemic infantile spinal paralysis is an infectious communicable disease that has a mortality of from 5 to 20%, and that 75% or more of the patients surviving are permanently crippled, state boards of health and other health authorities are urged to adopt the same or similar measures as are already adopted and enforced in Massachusetts for ascertaining the modes of origin and manner of distribution of the disease, with a view of controlling and limiting the spread of so serious an affection."

A committee with Dr. Robert W. Lovett, President, Boston,

Mass., Dr. Irving M. Snow, Secretary, Buffalo, N.Y., was appointed to urge the various state and municipal health authorities to take up the work of investigation of the various foci of epidemic poliomyelitis, to study its epidemiology, and to instruct the public that the disease is at least mildly communicable.

Respectfully yours,

ROBERT W. LOVETT, M.D., President,
Committee on Poliomyelitis, American Orthopedic and Pediatric Societies.

IRVING M. SNOW, M.D., Secretary,
476 Franklin St., Buffalo, N.Y.

*THE USE OF GRAPE JUICE IN THE SICK ROOM

There are perhaps few physicians who have not frequently been at a loss as to the best kind of diet to be adopted in cases of typhoid fever, gastric inflammation and similar diseases. It is frequently very puzzling to know just what will agree with such a patient best, especially in gastritis and other conditions where vomiting is a prominent symptom. There are a large number of people who cannot digest milk in any form. In several parts of Germany and Austria, of recent years, "Grape Cure" establishments have been opened for the treatment of just such cases, and, judging from statistics, this form of treatment has been most successful. Grape Juice, when properly made, will be found to be an exceedingly effective form of diet in many cases. It is mildly stimulating in character, nourishing and palatable. When administered iced, it will be found most refreshing, and is found that many patients will improve when fed upon no other form of diet.

A grape juice that has recently been placed upon the market, and which will be found to be absolutely pure and in no way fortified with alcohol, is that bottled at Winona, Ontario, by E. D. Smith. The manufacturer is anxious to bring his grape juice under the immediate notice of the medical profession generally throughout this country, and physicians are respectfully requested to specify this particular brand when ordering for patients. It can be procured at almost any drug store or direct from the manufacturer.

*Publishers Dept.

The Canadian Journal of Medicine and Surgery

A Journal published monthly in the interests of Medicine and Surgery

Vol. XXVIII TORONTO, OCTOBER, 1910 No. 4

Original Contributions

SOME PREVENTIBLE DEFORMITIES; THE SURGEON'S RESPONSIBILITY FOR THEM*

B. E. M'KENZIE, B.A., M.D., TORONTO.

It is a sobering exercise of self-examination to reflect upon the disabling effects of deformity and to learn that many departures from the normal attitude result from lack of oversight, from unacquaintance with the natural history of disease, or from inattention to details of treatment.

One chief reason which justifies the existence of specialism is that the practitioner who confines his work to some narrow line has an opportunity to accumulate large experience on that line and to be able to draw practical conclusions, which may be of value to those engaged in general practice. The subject coming up for our consideration at this time is one of this class, and it cannot be expected that on such a subject the general surgeon should have opportunity to reach conclusions such as the orthopedic surgeon ought to be able to form, such as may be of benefit not only to his colleagues, but also to those who look to him for expert advice.

PARALYTIC DEFORMITIES.

We are called to see many patients suffering from various forms of paralysis. Our advice is sought not so much because

*An address delivered at a meeting of the South Waterloo Medical Association, Nov. 17, 1909.

of the paralysis *per se* as because of the deformities which are its direct result. In recent years there have been numerous epidemics of anterior poliomyelitis, and this is the disease for which our advice is sought most frequently in this connection.

An important characteristic of this form of paralysis is that muscles are paralyzed in functional groups, and as a consequence there results a condition of disability to perform certain actions, and one which is well described as the "unbalanced joint." In normal conditions every joint should present a condition of balance; for example, at the knee the extensors should be able so to act as to produce complete extension, notwithstanding the influence of the flexors. If, however, the extensors be greatly disabled and the hamstring muscles either not disabled, or disabled to a much less extent than that of their opponents, then there is an unbalanced condition of the knee joint, and the flexors will contract so as to flex the joint, and will soon present a condition of contracture, which will not permit normal extension; thus a consequent deformity results, which can be remedied only by surgical means. The existence of such a state of lack of balance presents a mechanical problem which is really in itself sometimes of more importance than the paralysis.

In any such case the part of the limb distal to the joint where deformity exists will be so far out of its normal relations that in the case of the lower extremity the body weight cannot be borne, except at a great mechanical disadvantage. The angle formed at the knee will shorten the limb and cause the weight to come in such a way as to present a constant strain at the knee, or the foot will be pushed outward or inward so as to be out of the direct line of transmitted body weight, and consequently turn over in one or other abnormal direction.

Similarly groups of muscles at the foot may be so disabled that they are not in a condition to counterbalance their opponents, and the consequence may be any simple deformity or compound deformity of the foot, talipes equinus, talipes varus, talipes valgus, etc. Any or all possible deformities which may exist about the foot may result from paralysis. Similar remarks might be made about other joints in the body, but these will serve best to illustrate the point which we seek to establish.

If a limb at any part assumes an abnormal position because

thus unbalanced, and if this position be maintained for a considerable length of time, there will be permanent deformity; for example, if the anterior tibial muscles be so disabled relatively as to permit the calf muscles to lift the heel unduly, the maintenance of that position will result in a permanent contracture of the posterior leg muscles and a condition of equinus will result, which may not be remedied without operative intervention.

In thought and in practice a clear distinction should be observed between such deformity and the paralysis which allowed it to occur. The usual tendency of the paralysis *per se* is toward improvement, while at the same time the deformity is likely to be increasing; hence, it may easily result that while the muscle power is really improving the disability of the part may be growing worse.

An important observation at this point is that such a result may very largely be prevented. The physician can do but little to aid in relief of the paralysis directly, but he should be held responsible for preventing deformity. His knowledge of the history and course of the disease should enable him so to prognosticate the future as to be able to adopt preventive measures. There are many patients totally unable to walk, prevented not by the severity of the paralysis, but by the resulting deformity.

Case 1.—P. S., a girl 11 years old, infantile paralysis in her first year; has never walked; right leg flexed at the knee to a right angle. When deformity was corrected the leg found 3½ inches shorter than its fellow. After correction of deformity and furnishing a boot with 3-inch cork elevation learned to walk in a few weeks.

HIP DISEASE.

In nearly all cases of hip disease there is a marked tendency toward flexion and adduction as the case continues. Many patients are found after recovery from the disease who are greatly disabled because of deformity and needless shortening. To prevent this while the patient is under treatment is a simple matter; to correct it afterward may entail a serious operation.

During the early months and while hip disease is acute recumbency should be maintained. No brace or mechanical appliance can be employed which will secure rest for the diseased joint

as successfully as recumbency. The patient should not be placed upon an ordinary bed, but upon the Bradford frame. Fixation and joint rest can thus be easily maintained and deformity prevented, while at the same time removal of the patient from place to place is greatly simplified so as to carry him out of doors and into the sunshine.

INJURY OR DISEASE OF THE KNEE.

Very commonly ankylosis results from affections of the knee, and probably the surgeon should not be held responsible therefor; but for deformity he should be held to account. One may walk very well with an ankylosed knee if the leg be straight, or better, flexed five, ten or twelve degrees; but if the permanent flexion be greater the individual is placed at a mechanical disadvantage. During treatment the leg should be maintained at about eight or ten degrees of flexion; such a position will in no way interfere with treatment, and if ankylosis occur the leg will be found in the position of election.

Sometimes during treatment a condition of hyper-extension is permitted at the knee. Such is seen more frequently in cases of long confinement upon the back, as, for example, in the treatment of hip disease where extension is applied. Frequently the contents of the mattress become thinned about the middle and fuller toward the foot. In this way there is not sufficient support at the knee, and I have occasionally found the knee hyper-extended. This was due not to the traction, but to the support at the feet and at the buttocks while the knee was left unsupported. Such a condition of hyper-extension causes considerable disability. A comfortable pad should be kept under the knee, maintaining a moderate degree of flexion.

Case 2.—E. E., 15 years of age, had been confined to bed for a long time because of hip disease. Recovery from that affection had been satisfactory, and she had been at home for more than a year when she consulted me because of hyper-extension and disability at the knee of the limb which had been affected with disease at the hip joint. Osteotomy of the tibia was done about two inches below the joint and correction made, much as is done by the McEwan operation in knock-knee. Improvement in attitude and function promptly resulted.

DISEASE OR TRAUMATISM OF THE ELBOW.

When any affection or traumatism of the elbow leaves a doubt as to whether ankylosis may not result it is important that the arm be put in such a position as to be most useful. An arm fully extended at the elbow is placed at such a disadvantage as to be useless for many of the important needs of life. The position of election will be that of flexion to about a right angle or nearly so at the elbow joint, while the hand is semi-prone. The surgeon may not be responsible for the ankylosis, but he should be held responsible for putting the arm in its best position.

Case 3.—E. L., a young woman twenty years of age, rheumatoid arthritis for several years, joints much affected, hips, knees and elbows. The arms were extended at the elbows to about one hundred and sixty degrees and could not be flexed to a smaller angle. Under the circumstances the hands could not be brought near to the face and were of very little practical use. Under anesthesia the left arm was forcibly flexed to a right angle, in which position it was retained by a fixed dressing for some weeks. The right elbow was excised, removing bone freely. The left became firmly ankylosed in its new position. Slowly the right acquired power, and mobility resulted throughout the normal range. Under the new conditions the arms, which before were nearly useless, were now brought into action; the hands could meet even as high as the head, and she could occupy her time in doing various kinds of manual work. The arms should never have been permitted to remain in the extended position while ankylosis was occurring. A position of election, which would be the most useful for the patient, should be decided upon at an early date and the parts so retained as to give the best practical results.

TUBERCULAR DISEASE OF THE SPINE.

The experience of the last few years has made it very manifest that much of the deformity resulting from Pott's disease may be avoided. There are at least two indications which are highly important and which should be met in the treatment of these cases. The first has reference to the attitude to be maintained. In tubercular disease of the spine recumbency is to be chosen rather than the erect attitude. If the patient insists upon going about and maintains the upright position, the weight of the parts

above the area of disease is pressing constantly upon the softened and diseased bone; the bodies of the vertebrae fall together, while the less yielding lateral masses and spinous processes are pushed backward, forming a knuckle or kyphos. If, however, the patient be constantly recumbent, such downward pressure upon the bodies of the vertebrae may be avoided, and the advantages resulting therefrom are many. The disease is afforded a better chance for recovery, and the deformity consequent upon such downward pressure may be largely or entirely avoided; in fact, I have been able to prove to my satisfaction in many instances that where recumbency is maintained until nature has arrested the disease and brought about a condition of ankylosis the deformity has grown very considerably less. Since I have been following out this plan it is not at all uncommon to be able to notice such a recession of the kyphos. The Bradford frame is the best form of appliance to use in such cases. A pad of felt can be adapted so as to come directly under the knuckle which has formed upon the spine, so as to keep up moderate forward pressure. When this form of treatment has been adopted it should be followed with unremitting constancy, not only for weeks, but for entire months; sometimes a year or more should be spent during which the patient should never assume either the erect or the sitting attitude.

If the patient had to be kept always indoors and in bed the cost to health and vitality might be too great. The use of the Bradford frame, however, makes it exceedingly convenient and a simple matter to have the patient carried out into the fresh air and sunlight every day. It is a mistake to suppose that an abundance of fresh air is the entire desideratum in such a case. In my opinion direct sunlight, long-continued, pouring down upon the diseased area is quite as important as living in the fresh air. My observation in recent years is that in nearly all patients seen early, deformity of any considerable amount can be avoided.

ROTO-LATERAL CURVATURE OF THE SPINE.

The degree of severity of this deformity presenting varies very greatly. Exceptionally is it found present in young children, even in infants. It is of the greatest importance, however, that treatment should be of a very decided character, while the

patient is young, because the rule is almost universal that when departure from the erect attitude has once manifested itself the deformity shows a constant tendency to increase throughout the growing period of life. In young individuals a cot similar to that employed for tubercular disease may be employed, with pressure in the lateral direction, which has proved of very great efficiency in the treatment of children too young to be interested in the work of the orthopedic gymnasium. The general treatment to be followed in the treatment of lateral curvature is so much a work of the specialist and of someone trained in physical culture that it would be unwise to dilate upon it here, but great emphasis should be laid upon the fact that the treatment should be early, and that it should be developmental in character and not restrictive. I have nothing to say regarding the use of mechanical appliances of any variety in the treatment of lateral curvature except to express the most positive condemnation of their use.

DEFORMITIES ASSOCIATED WITH HYSTERIA.

In hysteria it is not uncommon to find very strongly marked, obstinate contractures. If the hysterical state persists the contractures sometimes prove very obstinate. Particulars concerning this affection may be best set forth in the report of one case, which will serve to illustrate many.

Case 4.—Miss A. C., 19 years of age, had been a student at Normal School in training as a teacher. For about a year had had several short attacks that were considered hysterical. Coming near to the time for her final examinations she was said to suffer from "nervous breakdown." This was so definite that she was taken from the school to her home, where she became confined to bed. I did not see her till about a year and a half after the nervous breakdown. I then found her in bed with feet extended to an angle of about one hundred and twenty degrees and knees flexed to about a right angle, with considerable disturbance of sensation. I pointed out the importance of preventing the deformities that were occurring and advised as to treatment. She was, however, removed to a sanitorium for nervous diseases, where she remained for two or three months. Returning home at that time, she again was kept in bed, where the contractures

increased and the loss of sensation became more marked, so that there was complete anesthesia of the legs, shading off, however, to sensation above the pelvis. I saw her again in September, 1909, nearly two and a half years after the commencement of her illness. Her condition had grown so much more marked during the interim that the heels were brought tightly up against the buttocks. The knees were kept firmly pressed together and the feet in complete dorsal extension. The use of the catheter had become necessary also. It was quite manifest that no progress could be made in the treatment of this girl's condition until the deformities should be overcome. This was the first step and required a period of more than two months, during which time it had been necessary to anesthetize the patient three times. It was thought desirable to do no cutting, and the contractures were overcome without the use of the knife. Briefly, it may be said that through treatment in the orthopedic gymnasium, through instruction as to the mental attitude which she ought to maintain toward herself and the world, and through supplying a favorable environment of firm, but gentle, moderate discipline, the troubles were overcome during a period of six months, so that the girl returned home in March, 1910, able to perform all the ordinary functions of life in a condition that approaches closely the normal.

POTT'S FRACTURE.

One of the commonest of fractures to result in deformity and disability is that which occurs at or near the ankle joint. The most common error is to adjust the parts so as to allow the foot too much eversion. In the typical Pott's fracture it is impossible to adduct the foot too much. The best adjustment is the immediate one, and the best dressing is plaster-of-Paris, applied tightly over a thick layer of evenly applied cotton batting. The eversion or pronation of the foot resulting from a wrong adjustment is a source of great inconvenience and disability. If it be moderate in amount, relief may sometimes be obtained by having a boot built with wide projecting sole toward the inner border, also made thicker than the sole at the outer border. If the eversion, however, be considerable in amount, operation and readjustment are very frequently required.

A good result, with but little shortening and lameness, will be secured in the large majority of cases if strong extension and abduction be employed, maintaining the limb in this relationship by a well-adjusted dressing of plaster-of-Paris, involving the whole limb and the pelvis. This position should be maintained for a period of ten or twelve weeks. By carrying out this plan efficiently the broken ends of the fragments can usually be brought into apposition and bony union secured in good position.

It has been my aim in making these fragmentary remarks to lay emphasis upon the means which may be employed not to cure but to prevent deformities.

12 East Bloor St.

SOME NOTES ON THE FUNCTIONAL NEUROSES *

BY CAMPBELL MEYERS, M.D.

Mr. Chairman and Fellows:

As the proposed Psychiatric Clinic is being discussed this evening, I thought some notes on the Functional Neuroses, especially in regard to the inadvisability of treating these in the Psychiatric Clinic, might be of interest to the Section of Medicine of this Academy.

There are, I think, two points of view especially to be considered in regard to the treatment of the Functional Neuroses, *viz.*, the theoretical and the clinical. In consideration of the theoretical, I would first like to direct your attention to some of the current theories in regard to a common Function Neurosis, *viz.*, hysteria. First, we have the *Psychological Theories,* and these have much in common, and are the most widely accepted. Binet, as a result of his experiments, concluded that in hysteria there was a condition of double consciousness, that is, two streams of consciousness flowing side by side, relatively independent and separated by amnesia. Next, we have the theory of Dr. Pierre Janet, who believes hysteria to be entirely a mental malady. The essential points in his theory are the tendency to disintegration, splitting up, or, as he says doubling (doublement) of the personality and the identity of the hysterical and the hypnotic states, based upon the common factor of suggestibility. The theory of Sidis is similarly a dissociation theory, but he lays more stress upon the process of dissociation, and the independent, automatic activity of the sub-conscious ideas or systems. The theory of Freud, the most important and significant feature of which is the tracing of every case to a trauma of sexual nature; not only does the hysteria always originate in sexual traumatism, but the original traumatic moment must have been in childhood —in the pre-pubescent period. Freud has traced this class of trauma to very early life—three and four years of age—and in one instance actually to one and one-half or two years. If we

*Read at meeting of the Medical Section of Academy of Medicine, Toronto, February, 1910.

turn now to the *physiological* theories, we find, chief among these the definition of Sollier, who defines hysteria as follows: "Hysteria is a physical, functional disturbance of the brain, consisting in a torpor or sleep, localized or generalized, of the cerebral centres." This definition has, I believe, much to recommend it. Again, there are the *Biological Theories,* among which may be mentioned that of Snyder, who holds hysteria to be a mode of reaction in persons of naîve, simple, infantile mentality—a mentality lacking in development and defective in judgment and critique. Finally, we have the *Clinical Theories,* and chief of these is that of Babinski. The fundamental proposition of Babinski is that the hysterical phenomena are distinguished by the fact that it is possible, in certain subjects, to reproduce these phenomena by suggestion, with rigorous exactitute, and cause them to disappear under the influence of persuasion. He suggests, therefore, the term, Pithiatism, for this disease. I cannot conclude these theories without mentioning that of Bernheim, who expresses the view that the disease, hysteria, such as is described, does not exist. So much, then, for the theoretical side of one of the common Functional Neuroses. Let us now turn to the clinical side, and observe the results of treatment of the Functional Neuroses (1) in a Psychiatric Clinic, and (2) in a pavilion of a general hospital, in which the insane as well as the Functional Neuroses are treated.

In the "Report of the Commission on the Methods Employed in Caring for and Treating the Insane," published in 1908, the formation of a Psychiatric Clinic in Toronto was recommended, presumably along the lines of the Psychiatric Clinic in Munich, in which much excellent work is being accomplished. The question of the admission of nervous diseases to these clinics, with which the Commissioners state they are heartily in accord, is spoken of as follows by Prof. Kraepelin: "In a number of newly formed clinics the treatment and teaching has also been extended to the province of nerve disease. Griesinger, and after him, above all, Westphal and his school, have strongly emphasized the fact that mental diseases simply form a special group of nerve diseases, and therefore may not be separated from them. We hope to conquer a large province which, up to the present, the isolation of the insane asylum has made difficult. The large group of so-

called nervous diseases, that is, the patients who really need the help of the psychiater, and who are not in the ordinary sense mentally affected, or who could not be taken to an asylum, we claim with a perfect right." As a result of their investigations, the Commissioners state (page 11), "It is recommended that all acute mental and nervous diseases, of whatever form or cause, be admitted to these hospitals."

In view of these statements the question naturally arises, does the Psychiatric Clinic afford the most suitable measures for the treatment of the Functional Neuroses? I believe it does not, and my reasons are as follows:

(1) If we consider the treatment of the most frequent Functional Neuroses with which we have to deal, *viz.*, neurasthenia, what do we find in relation to its treatment in the Munich Clinic, remembering always that the study of mental and nervous diseases is more advanced in Germany than in Canada, and consequently there would be less prejudice in the minds of the people against going into a clinic where the insane are treated. The "Report of the Royal Psychiatric Clinic in Munich," which was published in Canada in 1908, shows that not a *single* case of neurasthenia was treated in this clinic. It might be said that perhaps neurasthenia is diagnosed differently in Germany to what it is in this country, and in reply to this I would state that, in the attendance of the out-patient department of this Psychiatric Clinic, that neurasthenia is at the head of the list of diseases. Why, then, was it not treated in the clinic? Evidently because, even in Germany, it was not considered expedient to do so. If we now turn to another common Functional Neurosis, *viz.*, hysteria, what do we find in this Report. This states "that the most frequent cause of admittance to the clinic, particularly in the case of women, is hysterical convulsions, young girls who had an attack after a scene with their lovers; men who were seized with an attack during a row, and at times under the influence of alcohol, were brought to the clinic. Next to these attacks, states of bewilderment, and, in the case of women, also excessive outbreaks of emotion, with violent excitement, are responsible for bringing the patients to the clinic." Surely it would be fair to assume that the physician or the friends of these patients consid-

ered them at least temporarily insane, and sent them to the Psychiatric on this account.

The results of treatment of these cases is interesting. The Report says that, "by far the majority of patients could be dismissed after a short residence in the clinic," and again, "of the eighteen patients, sixteen were allowed to go home."

If we now turn to epilepsy, we find in the Report that "a large number of persons (16 per cent. of the total number of patients) was brought to the clinic on account of intoxication," or again, "a great number of our patients often want to commit suicide. We find in fifty men and nine women attempts at self-destruction by hanging, drowning, poisoning, etc." There is still another class of patients admitted to the clinic in which functional nervous troubles perhaps play a small part. These are classified as psychopathic personalities. The Report states in regard to the cause of admission, "The most frequent cause for the bringing of the patient to the clinic was an unsuccessful attempt at self-destruction, or threats to do so. The result in these cases was that eighty-three out of one hundred and five cases could be allowed to return to their homes."

I have quoted this Report at some length, as the Psychiatric Clinic in Munich is considered, I believe, the best, or one of the best, in Germany, and a consideration of the type of Functional Neuroses which are admitted there, as well as the results of treatment, would enable you to judge, from a *practical standpoint,* whether such a solution for the treatment of the Functional Neuroses in Canada would be satisfactory or the reverse. I hold such a solution would be a fatal mistake.

I would now desire to direct your attention to a general hospital in which mental and nervous diseases are treated in one of its pavilions. I refer to Pavilion F, of the Albany General Hospital. Here, in an up-to-date building, insanity has been treated with marked success for the past seven years. If, however, we examine into the last report, we find that during this whole period less than 3 per cent. of neurasthenia and less than 2 per cent. of either hysteria or epilepsy were admitted. The other Functional Neuroses were admitted in even fewer numbers. As this is the result where treatment takes place in a general hospital, how much greater would the difficulty be in persuading

persons suffering from the Functional Neuroses to go to a separate institution, in which the insane are treated. The above are the definite results of endeavoring to treat mental and nervous diseases in the same building, and surely these results are convincing proof that the attempt to do so must end in failure. Then why begin it in Toronto? There is, on the other hand, a clinical method of treating the Functional Neuroses, which I believe is the most applicable to Canada to-day, *viz.*, their treatment as a separate department of internal medicine. It is now nearly four years since this method was inaugurated by the formation of the nervous wards for the treatment of the Functional Neuroses at the Toronto General Hospital. While only a small beginning has been made here, the results demonstrate that the principle is eminently satisfactory. The insane are not admitted for treatment, any doubtful cases of insanity being transferred to the asylum as soon as sufficient observation has confirmed that diagnosis. The study of these cases in which the borderland stage of their disease has been reached is most interesting, and often fills one with regret that suitable active measures had not been taken earlier to avert, when possible, this already advanced stage of their disease. The absence of the insane in the building allows the treatment of the hysteria without the constant suggestion of mental disease, and both this class of patients and the neurasthenic come without the least hesitation to these wards. Hence, these patients will come early —a most important consideration in view of success in their treatment. The results of treatment are such as could only be obtained in a separate department, and under the charge of those specially interested in this branch of medicine.

Not that I think for a moment that the treatment in the general wards of this hospital is in any way inferior to the best on this continent, but the details of treatment, so essential to success in these cases, cannot in general wards be properly carried out. The proof of this may be seen in the fact that during the past year especially a number of patients suffering from functional neuroses, who were treated for weeks and sometimes for months in the general wards, without any benefit, were in a corresponding time discharged well through treatment in the nervous wards.

In collecting these few and very imperfect notes on the Functional Neuroses I have endeavored to lay before you some views both from a theoretical and a clinical standpoint. I would ask you, however, to remember that the theoretical views must and will change, while the clinical type of disease must ever remain the same, and consequently its treatment merits the greater attention. For example, because hysteria may theoretically be considered a mental malady, it does not follow that clinically it can be best treated in the same building as the insane. The attention now given by the profession the world over to the Functional Neuroses is most gratifying. Had this attention been given earlier in all probability Christian Science, Dowieism, etc., would never have come into existence. A new era, however, has come, and let us hope that in Canada a careful consideration of all available information, derived from every source, will enable us to make each step in advance on a solid foundation.

THE RELATION OF THE NOSE AND ACCESSORY SINUSES IN DISEASE TO THE EYE*

BY L. L. PALMER, M.D., TORONTO.

Of the five organs of special sense with which we are so happily endowed, we find them so placed, so juxtaposed, so interrelated in function and anatomically connected, that we may well consider these five organs really a *centralized merger* of such varied interests that if a disturbing element exists in one it will appear manifestly possible that any other one, or all, may be more or less affected thereby; sympathetic in disease as they are in function in health, and none more so than the greatest —the *eye*.

This is our problem to-night, which our Secretary has kindly given me 10 or 15 minutes to play upon:

We are all aware that specialists everywhere during the last decade, and especially, perhaps, during the last five years, with enthusiastic devotion and ability, have been working in this very field, and the fruit thereof is a voluminous and valuable literature which, with varying opinions by conservative minds, it will be well for us to thoroughly digest.

A clinical review of the vast number of cases reported by specialists, which come from every land, would be colossal, and, for the purposes of this evening, wearisome. I may, however, cover the ground roughly by saying that nearly every disease or disorder of the eye—from the chiasm, through the optic nerve; the bulbus, extra and intraocular; the muscles, extra and intraocular, and all adnexa—has been reported as due to empyema of one or more of the sinuses.

Without going into the anatomy of these death-traps, let me ask you to review your own best mental picture of these sinuses, and their relation to the various parts of the eye, and you will find all these sinuses are as varied in size, shape and relation as are the variations of the human face.

The maxillary antrum seldom measures the same as its fellow, even; but as its roof forms a portion of the floor of the orbit, we

*Read before the Section of Ophthalmology, Academy of Medicine, Toronto.

may never be surprised if empyema of this sinus should transport its micro-organisms or toxines through so thin a bony partition, or into the orbital cellular tissue, where more serious damage may be done. Few of us have escaped meeting with cases of empyema of the antrum, followed by orbital phlegmon.

Recently a case of this kind was brought to me with marked exophthalmos, with dimness of vision and limitation of muscular action due to extreme tension of inflamed tissue; clearing the antrum of pus was soon followed by recovery.

Had this case been permitted to be prolonged I see no vagueness in the prophecy of a future optic neuritis, and even blindness, through extreme pressure upon the optic nerve near its passage through the foramen, or by toxines in the immediate contact with the nerve or anywhere along its tract.

Reports are many, giving abundant evidence of serious complications, both *extra* and *intrabulbar,* from this same source.

A Case.—Optic neuritis, due to maxillary empyema. Cured. *Case again.*—Sudden loss of vision in left, with large central scotoma, or suppuration of ant.; mid. ethmoid cells. Operation, immediate improvement.

The frontal sinus gives also great diversity in size and shape, relatively, either in the same head or in other heads, so that in operations our guide should always be "caution." The floor of this sinus being a portion of the roof of the orbit, brings it in close relation with the bulbus in a large proportion of cases, but seldom, if ever, with the optic nerve. But, from its position, empyema may, by pressure, displace the orbital roof, and by necrosis even perforate the bone, with orbital cellulitis as the result, subjecting the bulbus and its adnexæ to any or all the evils produced by antral empyema.

The ethmoidal labyrinth exhibits a more mysterious diversity in position, size and shape than any of the other sinuses, and therefore, when invaded by pus cells, it may remain for long quite undiscovered, until perchance its own phagocytic warfare may destroy its walls; thus its exterior wall—the orbital plate of the ethmoid—is sometimes broken down and leads to orbital cellulitis, and a train of bulbar symptoms such as have been found from antral and frontal disease, even neuritis, opacitis in the vitreous, detachment of retina, etc.

The anterior cells are not in relation to the optic nerve; but the posterior cells, though not always, are frequently in relation to a limited extent. This brings to our notice the close intimacy between the ephmoid and sphenoid sinuses, with only a thin bony partition between their cells.

The two sphenoid cells, right and left, are practically a continuation of the ethmoid cells, and subject to the same diseases. The sphenoid cells are always found in close relation with the optic nerve and the chiasm. Sometimes one cell may be in relation to both optic nerves and chiasm. This has been well shown by Onadi, Zuckerkandle, and Loeb, and with these anatomical studies made fully clear, we are more ready to see the relation of cause and effect between spheno-ethmoid empyema and optic neuritis, with its varied train of symptoms, such as punctuate keratitis, retinitis, vitreal opacitis, myporemia of disc, general edema of fundus, all of which have been reported, and many more.

Clinical reports have been abundant during the last few years to sustain this view, such as, in short:

Recent cases of optic neuritis, with all the consecutive symptoms, and with impaired vision; early relieved and improved by operation upon the posterior end of mid. turbinate and sphenoid cell.

Also, cases of latent empyema of sphenoid and posterior ethmoid, resulting in retro-bulbar neuritis.—Schmiegelow.

Left ethmoiditis and sphenoiditis, with left optic nerve hazy —hyperemia of the disk; improved by nasal treatment.—Packard.

And numbers of other cases of similar character, which I forbear wearying you, gentlemen of this Association, with, will furnish abundance of evidence that these nasal accessory sinuses will become *chambers filled not alone with pus,* but *with truth* in etiological factors of causation of very many diseases of the orbit and the bulbus.

A closer examination of recent anatomical studies of these sinuses, and their relations to optic nerve, bulbus and orbital tissue, will, by analogy, be convincing that *these may* become infected from the sinuses by contiguity of tissue, till one degree of edema is carried on to a deeper degree of inflammation, to the damage or even the loss of vision.

I think it, however, probable that the number of cases of sphenoid empyema that have affected the optic nerve must be a small minority. The "vis medicatrix natura" may have exerted herself with courage in these dark chambers of her good Samaritan work, and either drained off this virulent pus from its hiding-place, or so walled off the thin bony partition as to render it impregnable to further invasion. While the many have thus been saved, the few have doubtless fallen, at least, among the wounded.

Among a fairly good and interesting number of cases of ethmoid and sphenoid empyema that have fallen to me, I am not able to record one clear case of optic nerve invasion outside of those associated with and due to orbital cellulitis. My vision, however, may not have been sufficiently clarified.

But the records of others may serve me in my faith in the principle that a pent-up decomposing pus accumulation, with its micro-organisms and toxines, will frequently—or, given time, will probably—carry an invincible invasion against the optic nerve, either through lymph channels, blood streams, or by closer contact, through caries; and whatever be its course, the nearer the infecting focus the greater the danger of being involved.

I have long held to the principle that, in treating any organ of special sense, I should see to it that any other organ in near relation, being found diseased, should also be re-established in health if possible.

For instance, if the ear be affected with an intractable otitis media, it would be idle to expect the best results without correcting any diseased condition in the mouth, pharynx, larynx, nose and its accessory sinuses.

Quite as futile would it be to remove an antral empyema without first determining whether the frontal and ethmoid were affected in the same way. The same will obtain in the sphenoid.

As ophthalmologist, I apply the same principle to the bulbus, the periorbita, and optic nerve, in their relation to the sinuses; it is *safe; it proves a necessary observation, and especially wise* in those anxious cases where the etiology is doubtful.

In *such cases,* it may not be too much to say that any ophthalmologist neglecting to note carefully the condition of these accessory sinuses would be of very slow cerebration.

DETACHMENT OF THE RETINA IN A CASE OF ALBUMINURIC RETINITIS OF PREGNANCY*

COLIN CAMPBELL, M.D., M.R.C.S. (ENG.).

I desire to put on record what appears to be a very rare condition, and I am indebted to Dr. K. C. McIlwraith for permission to report the case.

Mrs. M., aged 19, primipara, was admitted to the Burnside Hospital January 22, 1909. She was then at the end of the seventh month of pregnancy. In the early months she was well, but at five and a half months the legs began to swell and remained so. She had had headache for six weeks, and vomiting for a month. Urine S.G. 1027, a small amount of albumin, hyaline and granular casts, and excess of white blood cells. Blood pressure 200. There was pretty general anasarca. Two days later she became semi-comatose, and on January 24 a bougie was introduced to induce labor.

The blood pressure of 230 dropped after she had been purged freely and given inhalations of oxygen frequently.

I saw her for the first time next day, *i.e.*, January 25th. She was still semi-conscious, edema of the conjunctiva caused it to protrude between the eyelids. The eyes diverged much of the time. Pupils were equal and maintained contraction well. R. and L. vision, fingers at 50 metres. Both discs showed a pale swelling of about 3 dioptres veiling the margins and blending with the surrounding retina, which was everywhere pale with edema.

In the R. eye the macula was uniformly grey and showed no spots; the vessels were little altered.

There was a large shelving detachment 8 or 9 D. high to the outer side. In the L. eye the macula was similarly grey, but showed a few white spots up and out.

There was an extensive detachment several dioptres high up and out, also shelving with undulations into the surrounding edema.

*Read before the Section of Ophthalmology and Otology, Academy of Medicine, Toronto.

Rapid delivery with forceps under anesthesia was affected that evening. When next seen, on January 28, she was conscious and the anasarca was subsiding, but the abdomen still contained free fluid. Purgation was kept up. The pupils were semi-dilated and reacted slightly to light; she could recognize fingers with either eye in that field only opposite to the still attached retina, but could not count them.

Both discs showed somewhat less swelling and the general edema of the retina was less. In the R. eye there was detachment of most of the lower and outer parts, 8 or 9 dioptres high, and in the L. eye a detachment 6 or 8 dioptres high up and out, the latter especially now showing a more rounded contour to the summit and sharper delimination from the surrounding retina.

On Feb. 1 vision of R.E. had improved to fingers at two or three metres and in the L.E. to fingers at one metre, but in the temporal field only. Pupils still semi-dilated. The R. fundus now has more the appearance of a retinitis, the disc shows a striate swelling three dioptres high with a few soft white splotches, the veins are full, the macula uniform grey.

There are a few white spots with soft edges along the temporal vessels and a few superficial hemorrhages up and out from the macula. The periphery above is beginning to look pink, but down and out there is still a shallow detachment ill defined and at one place spotted with white.

The L. disc is still swollen and the macula a uniform grey. In all directions from the disc, but towards the macula, are areas of white exudate mostly flame shaped, no hemorrhages are seen. There is less edema than formerly, but more than in R. eye, and a shallow detachment below.

On Feb. 3 she read Jaeger 20 with the R.E.

On Feb. 6th ascites and general edema have completely cleared up. In neither eye can a detachment be made out, but there is retinal edema in both below, R.v.J. 10, L.v.J. 20.

Feb. 8th—The R. macula show fine vertical bright lines, like wrinkles in grey silk. The periphery in each is now free of edema; swelling of discs still 2 dioptres high.

Feb. 11th—R.v.J. 2, L.v.J. 4.

Feb. 13th—Left hospital. Blood pressure 190, S.G. 1018, trace of albumin, no casts, white blood cells in excess.

March 4th—Both discs' margins are still blurred slightly and the retina about each macula is grey with edema. There are no white exudates in the R.E., but a few soft areas near the L. macula. No hemorrhages. The periphery is normal in each. Vessels little altered. R.v. 6-24 J., 2 L.v. 6-36 J. 3.

Two points present themselves for discussion: First, should we advise rapid delivery where retinitis appears? Second, the differentiation for the sake of prognosis between two types (a) those with a pre-existing nephritis; (b) those with merely toxemia of pregnancy. As to prognosis, it is well recognized that as regards life the retinitis of pregnancy has an altogether bright outlook compared to that of nephritis. Until we know more of the cause of the former and are able to differentiate clearly between the two types our prognosis must be guarded. The urine helps us somewhat. According to Williams, in pre-existing nephritis the quantity is usually greater, the urea and nitrogen is said to be more nearly full normal, and the albumin and casts more abundant. In the pre-eclamptic cases, uric acid and the amido-acids are markedly increased. As regards vision, Lawford gives a good prognosis, but all authorities hesitate to give assurance of complete recovery, even in pure toxemic cases. Dr. C. O. Hastings tells me that out of about 3,700 labors in private practice, with seven or eight cases of eclampsia, only one had permanent injury to vision. Induction of labor is indicated, according to Snell, if the retinitis is severe; according to Silex, in all cases.

Detachment of the retina in albuminuric retinitis is, Lawford says, rarely reported, but probably more common than suspected. It occurs as an early symptom, and due to edema, when the prognosis is good, or as a late change, with fatal import. He quotes a similar case to the one I report (Wadsworth, Trans. Am. Oph. Soc., 1887), and the only one I can find in the literature.

VEGETATING LESIONS OF THE SKIN RESULTING FROM INFECTION

D. KING SMITH, M.B.
Demonstrator in Dermatology, Medical Faculty of Toronto.

The formation of papillomatous-like vegetations upon infected lesions of the skin is an occasional occurrence. This is seen most frequently in the lesions of syphilis, called condylomata lata, and in the non-syphilitic lesions about the genitals, called condylomata acuminata.

Vegetations occur upon the lesions of pemphigus in the form of the disease known as pemphigus vegetans; also, every now and then they are found associated with dermatitis herpetiformis.

Leaving out of consideration the vegetating lesions of pemphigus vegetans and of dermatitis herpetiformis, concerning whose character we are in no position to state positively, vegetations may form in rare instances in other diseases of the skin. Most of the cases have supervened upon eczemas, although at times the vegetations have appeared where there was no eczema present; but in these cases the favorite seats were in moist regions, as around genitals or in axillæ.

The condition is characterized by infection, and the exuberant formation of granulation tissue, and most of them by abundant suppuration. The vegetations develop on a weeping or moist surface, which has become infected with pyogenic organisms. If the patches are left to themselves, and means are not taken to check infection and suppuration, the lesions may last for months, and reach a considerable size.

With cleanliness and antiseptic precautions, they subside within a few weeks, leaving temporary stains, but no scarring.

The following case illustrates the condition.

Mr. J. B., age 50. Four years ago suffered from a disease of the skin which lasted ten weeks, and was diagnosed as erythema bullosum. The patient has marked pyorrhea alveolaris; his mouth has been tender during past four years; at times it becomes so sore that he can hardly take food. He has always

perspired very freely in crutch and axillæ, so much so that it caused him considerable annoyance. Several times during past three years vegetations have formed around the genitals; by using an antiseptic dusting powder they readily disappeared.



The accompanying photograph shows the extent of the vegetations during a recent attack. Pustules first appeared; these would soon dry up, a small crust would form, and from them would develop a small vegetation; by the union of many small vegetations the large patch resulted. The patch had a somewhat serpiginous outline; this is a common feature of the vegetations. There was present a purulent exudate, with an exceedingly offensive odor. The lesions caused considerable pain, so much so that patient was confined to bed. The parts were dressed with moist dressings of boracic acid until exudate

was greatly diminished, then a dusting powder of orthoform and aristol, equal parts, was used. Four weeks after the photograph was taken the vegetations had entirely disappeared.

A pure culture of the staphylococcus pyogenes albus was obtained from a pustule. In this particular case there was no eczema in region affected, but the parts were very moist, owing to excessive perspiring.

For many years it has been a well-known fact that pus organisms play a very important part in such diseases as pustular eczema, scabies-pediculosis, impetigo, etc., but it is only of recent years that vegetating lesions appearing in the course of certain diseases are known to be due to secondary infection with pyogenic organisms.

THE MEDICAL COUNCIL

JOHN HUNTER, M.B., TORONTO.

Ask any medical man you meet, or listen to the conversation where two or three are gathered together, and you will hear: "Forenoon and afternoon and night—Forenoon,

"And afternoon and night—Forenoon,"

"And—what!" "Graft."

Now, denunciation, unless used for the purpose of aiding in a reformation, is a very negative virtue. No physician can read the record made by many of the older members of the now-moribund Medical Council without being mortified at the tactics that have been resorted to, or without experiencing a feeling of resentment against all those in the Council who have brought irreparable disgrace on an honorable profession.

Much has already been written criticizing the Council's management of its finances, and much more has been said about the Council, that could not be printed; yet all this outburst of indignation will accomplish but little unless it be followed up with some drastic measures of reform.

The founders of the Medical Council, inspired by high ideals, built as wisely as the knowledge of their time permitted. Fortunately, however, for most of them, life ended before they saw their handiwork, "dragged through mire of scarcely concealed scandal." The question is, Why has the Council degenerated? The primary cause is the universal one in the production of degeneracy, *viz.*, apathy. We have only to study that most vivid picture in all literature—secular and sacred—*viz.*, "The Parable of the Prodigal Son," to see the degenerate spawn of apathy. When the younger son lost interest in the common work, and duties of life, dissatisfaction, avarice, riotous living, harlots and hogs—all the natural products of apathy—followed. Men and nations may be buffeted, perhaps conquered, and enslaved, but where, in either personal observation or in history, do we find

instances of men or nations, becoming degenerate until apathy destroyed their moral fibre? For decades the physicians of Ontario have been CRIMINALLY APATHETIC in regard to the selection of representatives on the Council, and in tolerating conditions, *e.g.*, representation of defunct colleges; multiplicity of examinations; suppression of financial reports, etc., that should have been abolished years ago. In humiliation and disgust, we are reaping the fruits of our apathy. One member of the Council, after putting up a puerile and futile bluff against well-deserved criticism, signified his intention of voluntarily retiring into oblivion, and if an overwhelming majority of the remaining members of the Council would only do likewise, nothing they have ever done would be so greatly appreciated. Voluntary retirement would save an enraged electorate the execution of a stern duty. The exposé of the last session of the moribund Council has brought home our sins. Will the medical men of Ontario follow the example of the ancient Ninevites—repent and set to work to restore their reputation; or will they follow that of Sodom and Gomorrah—re-elect the old members, and just allow things to drift until an outraged public opinion asks the Legislature to abolish the Council altogether?

With the election of a new Council only two or three months off, surely no time should be lost in calling meetings in every electoral district in order that the best men available could be selected as representatives, and for the discussion of such questions as reducing number of members to fourteen or sixteen, or less; the abolition of representatives from defunct colleges, or from all colleges; the abolition of Council examinations; the hastening of Dominion Registration.

The public, by Acts of Parliament, has generously conceded special privileges to the medical profession of Ontario. It is the imperative duty of every medical man in Ontario to see that these privileges are only used for wise and beneficent purposes. The physicians of Ontario are brought face to face with one of two issues: Either "throw up their hands" and say they cannot conduct their own affairs, or else create such a sentiment that will impel every member of the Council to fill his position honorably and efficiently.

"Oh, dis worl' is jes' a garden:
If yo' want to get de best,
Yo've got to keep a-diggin';
Yo' ain't got no time ter rest;
If yo' want ter win de prizes
Yo've jes' got ter go to work,
Coz dere ain't nobody waitin'
To present 'em to a shirk."

ABSTRACTS

A BRIEF STUDY OF THE CONTRIBUTION OF IGNAZ PHILIP SEMMELWEIS TO MODERN MEDICINE

Richard Cole Newton, Montclair, N.J., has made study of the life and work of Semmelweis, who found that the cause of puerperal fever was to be removed by careful cleanliness of the hands of the accoucheur and the materials he used, thus almost reaching the modern antiseptic surgeon's position. In this discovery he was aided by his observation of two wards in the Vienna Hospital, in one of which, attended by students fresh from the dead house, the deaths from puerpural fever were appallingly frequent, while in that of the midwives who never came in contact with autopsies it was less so. He then caused all who examined the patients to wash their hands carefully in chlorine water before touching the patient, and found that the mortality in puerperal fever was very small. He was strenuously opposed by all his confrères in the promulgation of this idea, and was finally obliged to leave Vienna and go to Budapest, where he finally died in an insane asylum.—*Medical Record.*

THE ETIOLOGY OF PROSTATIC HYPERTROPHY

Edgar G. Ballenger, Atlanta, Ga., questions what is the etiology of prostatic hypertrophy. He finds the cause in the presence in the urine of millions of germs in healthy subjects showing no genito-urinary inflammation. This he has demonstrated by the microscope in 110 cases. The germs generally present are the colon bacilli and staphylococcus in non-virulent form. The largest number of germs are found when no pus is present. These patients show sexual neuroses, hyperesthesia of the deep urethra, mild irritation of the bladder, itching of the urethra, morning drop, etc. This enormous number of microorganisms produce toxin which causes prostatic hypertrophy. The author supports his claim by references to many other medical authors.—*Medical Record.*

Canadian Journal of Medicine and Surgery

Editor:
J. J. Cassidy, M.D.
45 Bloor St. E., Toronto

Managing Editor:
W. A. Young, M.D., L.R.C.P., Lond.
145 College St., Toronto

Surgery:
F. N. G. Starr, M.B., Toronto, Associate Professor of Clinical Surgery, Toronto University; Senior Surgical Assistant, Toronto General Hospital; Surgeon, Hospital for Sick Children, Toronto; N. A. Powell, M.D., C.M., Professor of Medical Jurisprudence, Toronto University; Senior Assistant in charge, Emergency Department, Toronto General Hospital.

Clinical Surgery:
Alex. Primrose M.B., C.M., Edinburgh University; Associate Professor of Clinical Surgery, Toronto University; Secretary Medical Faculty, Toronto University; Surgeon Toronto General Hospital; and Herbert A. Bruce, M.D., F.R.C.S., Eng., Surgeon, Toronto General Hospital.

Orthopedic Surgery:
B. E. McKenzie, B.A., M.D., Toronto; Surgeon to the Toronto Orthopedic Hospital; ex-President of the American Orthopedic Association; and H. P. H. Galloway, M.D., Winnipeg, Man., Member of the American Orthopedic Association.

Physiology:
A. B. Eadie, M.D., Toronto.

Medical Jurisprudence and Toxicology:
Arthur Jukes Johnson, M.B., M.R.C.S., Eng., Coroner for the City of Toronto; Surgeon Toronto Railway Co., Toronto; W. A. Young, M.D., L.R.C.P., Lond., President of the American Medical Editors' Association; Associate Coroner, City of Toronto.

Physiotherapy:
Chas. R. Dickson, M.D., C.M., Queen's University; M.D., University of the City of New York; Electrologist Toronto General Hospital, Hospital for Sick Children and St. Michael's Hospital.

Pharmacology and Therapeutics:
A. J. Harrington, M.D., M.R.C.S., Eng., Toronto.

Pediatrics:
Allen Baines, M.D., Toronto; Associate Professor Pediatrics, University of Toronto; Physician, Hospital for Sick Children; A. R. Gordon, M.D., Toronto; Senior Medical Assistant, Toronto General Hospital; Helen MacMurchy, M.D., Toronto, Editor, The Canadian Nurse.

Dermatology:
D. King Smith, M.B., Tor., Toronto; Demonstrator in Pathology, Toronto General Hospital.

Medicine:
J. J. Cassidy, M.D., Toronto, ex-Member Ontario Provincial Board of Health; Consulting Surgeon, Toronto General Hospital; W. J. Wilson, M.D., Toronto, Physician, Toronto Western Hospital; and Dr. J. H. Elliott, ex-Medical Superintendent, Gravenhurst Sanatorium, Ont.; Associate Medicine and Clinical Medicine, University of Toronto; Senior Medical Assistant, St. Michael's Hospital.

Clinical Medicine:
Alexander McPhedran, M.D., Professor of Medicine and Clinical Medicine, Toronto University; Physician, Toronto General Hospital; Lewellys F. Barker, M.D., Professor of Medicine, Johns Hopkins University, Baltimore, Md. H. B. Anderson, M.D., Toronto; Associate Professor of Clinical Medicine, University of Toronto; Physician, St. Michael's Hospital.

Bacteriology:
J. G. Fitzgerald, M.D., Lecturer in Bacteriology, University of Toronto.

Mental and Nervous Diseases:
N. H. Beemer, M.D., Mimico Insane Asylum. Campbell Meyers, M.D., M.R.C.S., L.R.C.P. (London, Eng.), Private Hospital, Deer Park, Toronto.

Gynecology and Obstetrics:
Geo. T. McKeough, M.D., M.R.C.S., Eng., Chatham, Ont.; and C. F. Moore, M.D., Toronto.

Pathology:
W. H. Pepler, M.D., C.M., Surgeon Canadian Pacific R.R., Toronto; Junior Medical Assistant, St. Michael's Hospital; and J. J. MacKenzie, B.A., M.B., Professor of Pathology and Bacteriology, Toronto University Medical Faculty.

Ophthalmology:
J. M. MacCallum, M.D., Toronto, Senior Assistant Eye Department, Toronto General Hospital; Oculist and Aurist Victoria Hospital for Sick Children, Toronto.

Nose, Throat and Ear:
Perry G. Goldsmith, M.D., 84 Carlton St., Toronto, Laryngologist and Aurist, Provincial Institution for the Deaf and Dumb; Senior Assistant Ear, Nose and Throat Department, Toronto General Hospital.

Address all Communications, Correspondence, Books, Matter regarding Advertising, and make all Cheques, Drafts and Post-Office Orders payable to "The Canadian Journal of Medicine and Surgery," 145 College Street, Toronto, Canada.

Doctors will confer a favor by sending news, reports and papers of interest from any section of the country. Individual experience and theories are also solicited. Contributors must kindly remember that all papers, reports, correspondence, etc., *must be* in our hands by the first of the month previous to publication.

Reprints supplied Authors at Cost.

Editorials

NECESSITY OF MAKING A CAREFUL PROGNOSIS IN CASES OF MENTALLY DEFICIENT CHILDREN

Many mentally deficient children, said G. R. Pisek, M.D., in a clinical lecture delivered before the Alumni Association of the New York Post-Graduate Hospital, first come to a general practitioner, who classifies the child as mentally deficient or as an idiot, and loses further interest in the case, after the general diagnosis is made. Some of these cases, however, can be helped, or rightly belong to one of the preferred classes of mentally deficient children.

It would simplify prognosis, if these children were grouped in a classification such as the following: (1) Backward children; (2) mentally deficient children, and (3) idiots. Backward children whose mental development has been impaired on account of their environment or because of a vicious parentage, should interest the school inspector, the juvenile court and the sociologist, since much can be done for them.

In the group of the mentally deficient, we meet the borderland cases—the group of acquired idiocy. The acquired types result from injuries received at birth, or from convulsions, both of which may occasion the rupture of delicate blood-vessels, with, later, sclerotic changes. Sclerosis may also occur after attacks of inflammation of the brain or its men-

inges. Possibly sclerosis, or cystic degeneration, may not follow the initial injuries, or diseases.

Then there are cases of mental deficiency in children due to intrauterine disease in the mother. In the mentally deficient there has not been enough injury of the cerebral cortex to have produced complete idiocy, but simply deficiency.

Cases of the Mongolian type, characterized by the round head, ears short and turned back, the irregularity of the face, the slanted, Mongolian eyes, which give them the name, and the undue motility of the lower extremities, especially at the hips, attain a certain degree of mental development. They also differ from the cretins in gaining little or nothing after the exhibition of thyroid, while the cretins will show a marked change in a short time under thyroid treatment.

From the physical standpoint an idiot may resemble a normal child, but he differs in his powers of cerebration. He is unable to acquire any conceptions and he has no sense of fear. The expression is vacant and the eyes are continually roving from place to place. In younger children saliva dribbles over the chin. The teeth may be irregularly erupted, and usually are sharp and carious. The child cannot distinguish its parents; it has no acquired speech, but makes unintelligible animal sounds; it laughs without cause or becomes irritated without provocation, and when awake keeps in constant motion. It has no habits of cleanliness. Food is eaten ravenously and not selected with reference to taste or desire. In true

idiots the intellect has been permanently impaired. The children of insane parents, or of parents who have been addicted to the abuse of alcohol, or who have suffered from epilepsy, chorea, or syphilis may be born idiotic. Consanguineous marriages, especially among persons who have a neurotic taint, may produce idiotic children. The prognosis in idiocy is most important. If the physician can determine by examination that the defective child is able to guard himself from danger, *i.e.,* protect himself, he is not an idiot. An absolute idiot is beyond medical or surgical skill in Dr. Pisek's opinion. Hopeless cases of idiocy should be cared for in a hygienic way; but nothing further should be attempted for them, and the energies of the teachers should be directed towards those mentally deficient children who are capable of being helped. A mentally deficient child who is a burden to his parents should be confined in an institution and should be cared for by the State.

J. J. C.

CHOLERA IN EUROPE

Cholera has broken out in Russia, as well as in Italy and Germany, and its extension to other countries of Europe may be expected. During the course of the cholera epidemic of 1892, which in its journey from the valley of the Ganges through Persia claimed 20,000 victims in Teheran alone, and in its course through Russia destroyed 215,157 more, and which extended through Germany, Austria, France, Bel-

gium, Holland, and even to the harbors of the Western Hemisphere, no more instructive example of the connection between cholera and polluted water, and of the immunity conferred by the use of a pure supply could have been yielded than the experience of Hamburg, Altona and Wandsbeck. These cities adjoin one another so closely that there is no visible line of demarcation, and, in a geographical sense, they may be considered one place. In one important respect, however, the three places differ materially, namely, their public water supplies. Hamburg used unfiltered water from the Elbe above the city; Altona drew upon the Elbe at a point below the entrance of the sewage of Hamburg, but filtered the water through sand; Wandsbeck was supplied with filtered water from a lake but little subject to pollution. During the summer of 1892, or between August 17th and October 23rd, Hamburg, with a population of 640,000, had nearly 17,000 cases of cholera, of which slightly more than half terminated fatally; Altona, with a population about a quarter as large, had but 500 cases, or only one-thirty-fourth as many (400 of these are supposed to have come from Hamburg), and Wandsbeck had practically none.

The initial specific pollution of the river Elbe was traced back to Russian immigrants, many of whom came from districts in Russia which had been and were then suffering from cholera, and all were supplied with dirty clothing and blankets, some of which they washed in the Elbe, while they were being de-

tained in barracks on one of the wharves, pending their embarkation to the United States.

It is probable that there were some mild cases of cholera among the immigrants, or at least some convalescents with cholera germs in their evacuations two or three weeks after recovery. The extension of cholera from these Russian immigrants to the water of the Elbe was easily accomplished, for all of the sewage matters of every description from these people were discharged directly into the river Elbe at the wharf where they were camped.

From the reports in the papers we notice that the German health officers are most careful. Every immigrant bound for America is detained for at least five days. If there is a cholera germ in the system it will develop in from one to five days. At New York the most thorough examination is made upon the arrival of any ship from the affected parts of Europe. The clothing of all immigrants coming from infected parts is also disinfected.

Doubtless the medical advisers of the Canadian Government are equally alive to the peril of the situation, and are taking precautions at ports of embarkation in Russia, Italy and Germany to prevent the departure of persons affected with cholera to Canada, while immigrants from infected countries arriving at Canadian seaports are carefully scrutinized and their baggage disinfected.

J. J. C

"GOOD CHEER"

EVERYTHING in this world that eases pain or makes life more beautiful or more worth living has first place in the thoughts of all of sane minds and good hearts.

Our hospitals are as gates of hope, their doors the "open sesame" to the surcease of pain. All that skill and kindness can do is done and (according to ever-increasing light or new methods) will be done, to make the patients feel that "someone cares."

Several years ago ladies, beautiful singers, visited our hospitals, gave of their time, and, when the surgeons permitted, brightened the hour between daylight and darkness with the soft melodies that make for peaceful sleep.

Alas! though, a comet of "Good Cheer" from out the West has lately struck our city, pulling old ladies out of bed and off and away in autos on "joy rides"!! and has even dragged hotel orchestras to play in the wards of one hospital and tried to make a great stir generally. This kind of thing won't do. In the first place, we have no fear for our well-managed Toronto General Hospital. Its Medical Superintendent sees all sides of a problem and, without offence or words, he retains control. The other hospitals had better not be caught napping.

In this "Good Cheer" movement the motive is unquestionably beautiful; but if "cheering up" persons are admitted amongst a promiscuous crowd of patients such as the large hospitals accommodate,

what will be the result? First, a party of lusty Salvation Army singers might come, having one of their number within to "cheer up." Then, perchance, a Young Briton might be found in need of a tune from the fife and drum or a Thistletop just dyin' for "a swirl o' the pipes." So, on *ad infinitum* till even the honk-honk of Miss "Cheer's" autos, awaiting the old ladies, would never be heard. If the patients are ill enough to be in a hospital, they need Mother Nature's cure—rest. If the surgeons are to perform successful operations and the physicians give clear diagnoses, surely they may offer the plaint "Give us peace in our time."

There is a place, perchance, where music (in moderation) and a track around the grounds for autos would make a splendid field of opportunity for the "Society of Good Cheer" where mental illness holds sway and, if the alienists prescribe it, "Good Cheer" from without may perchance work off its energies acceptably in "The hoose for the dafties."

W. A. Y.

"O YOU LITTLE SCOUTS"

COMMENTS, many amusing and many very much to the point, have been indulged in in regard to the new personality (shall we call him?) in our midst. We refer to the average small boy, dressed up in khaki, filled with the weight of his own importance, very round shouldered, very dusty, exceedingly happy, and with infantile paralysis incurably affecting only

his right hand. All the early training of "The other hand, Willie," gone, he is now an independent person, rejoicing in the name of "Scout." Physically, the family physician will soon have to step in, and the tired, exasperated mothers of Toronto will have to insist on a little quasi-military drill with the old-fashioned slipper. If the Chief Scout had made the principal rules to abstain from cigarettes until twenty-one years of age, as also all forms of intoxicating drink, to walk erectly and exercise correctly and with moderation, and possibly to really study an odd hour, the movement might come under the head of common sense. Then, why not acknowledge that these little scouty chaps are simply being given a stick of candy. When they bite into it they will find indelibly inscribed on each bite the word "Militarism."

Why this sneaky way of unconsciously inculcating a love of war in the minds of youths of this young land, which, for many days to come, needs its valleys and hill-sides tilled, its Universities builded, its men made Men and Canadians first, and not little tin soldiers.

The amusing side of this scouting business was presented to a Toronto physician forcibly one day during Exhibition week. The scene was in Rosedale. Looking up at the top window of one of Toronto's beautiful homes, he saw a lad who was apparently trying to rescue another lad from the sill of the window. Evidently fearing an accident, an old man also stopped at the fence, but safely, and after great work,

the boys reached the ground. Then began the process of "First Aid." Fearful, wonderful and exceedingly choking methods were resorted to. The old man turned to the doctor and said in good broad Irish, with a merry twinkle in his eye, "You're a doctor, sir? Well, you might as well quit now. Them wee divils of scouts have taken your job."

W. A. Y.

WHY ISN'T HE MUZZLED?

"A DOCTOR will call a year if you let him," said Chief Inspector Archibald, as reported in the Police Court column of the *Evening Telegram* recently.

The remarks of some few people in a small sphere often make for the gaiety of a community.

Of course physicians occupy such a very different stratum in the make-up of the scale called human society that remarks seldom reach them from the ungrateful, to whom they frequently give so much of their services and time. But that David Archibald should be guilty of the consummate impertinence of shouting, in so bullying a manner, such an insult and lie in an open Court Room, against gentlemen who have no redress, shows that Toronto has been very lax in the enforcement of the dog muzzling by-law, which should be so amended as to include *some* men.

There is an institution however, where the doctors' visits do certainly outlast the years. It is the Home for Incurables, and that institution is open to

all who are beyond relief. *Even cancer of the tongue is not excluded.* W. A. Y.

A GOOD JOKE

"THEY had a great laugh on Dr. Goldsmith, assistant surgeon. He and Captain Butcher were allotted a certain stateroom, and, to make things clearer, the doctor had a vase of choice cut flowers placed on their table. But, lo! and behold, when they next visited their quarters they found them occupied by Dr. Crippen.

" 'Needless to say, we got another and a better room at once,' said the genial surgeon to the *Telegram,* 'and,' he added significantly, 'I didn't leave my flowers.' "

The above clipping from the *Evening Telegram* was sent recently to the JOURNAL office.

The following ode we affectionately dedicate to our genial collaborator, Dr. Perry G. Goldsmith:

ATTENTION, EYES FRONT!

Perry Goldsmith said good-bye,
To his stateroom he did hie.
Lovely bouquet in his hand,
Band still playing on the land,
Monarch of Cabin Fifty-Three,
Surgeon-General's bunk thought he;
All things fitted into space,
Horrors! Crippen claimed the place.

W. A. Y.

Editorial Notes

Tuberculosis and Starvation Among the Canadian Indians

The North American Indians are very prone to tuberculosis. This fact itself is patent; but the reasons for the prevalence of tuberculosis among people who pass their lives in the great forests, and who do not consume the milk or flesh of tuberculized bovines, are not apparent. A correspondent of the *Toronto Globe,* writing from Elk Lake, August 22, 1910, says: "All over Ontario's hinterland, the Indian is melting away like the snows of his own forest home in springtime. Unless something is done at once to check the ravages of the disease, the aborigines will soon be a memory only, and, like the Eskimo of Labrador and of Hudson Strait, the great majority of them will have to be sought for in the great burial places of the race."

This correspondent further says: "For years past the number of Indians who have assembled annually at Fort Matachewan to 'take treaty,' as the payment of four dollars to every man, woman and child is termed, has been steadily decreasing. 'They just cough, cough,' said an old Indian to me, 'and then they soon die.' " The mortality from tuberculosis among young Indians, who do not use cow's milk, is large. This fact should help to negative von Behring's view, that "the milk fed to infants is the chief cause of consumption," and that bovine tuberculosis is the most important factor in the etiology of the human disease.

The *Globe's* correspondent quotes the opinion of a medical practitioner, who said: "There is no doubt the disease amongst the Indians is hereditary, as well as contagious, and until they are educated to the necessity of cleanliness and the benefit of better sanitary conditions, I do not see that much can be done for them."

As some of the Indian parents are tubercular subjects or belong to families in which consumption prevails, any children born to them should be carefully reared and guarded against catarrhal affections. In convalescing from measles or whooping cough, great caution should be exercised to prevent catching cold. Cod-liver oil, the syrup of the iodide of iron and arsenic should be given; enlarged tonsils should be removed. Such medical care may be given to Indian children living on the reservations, but not to those who are miles away in the forest, apart from any other human habitation, for the services of a doctor are for them out of the question.

During the intense cold of a Canadian winter, delicate children, together with their parents, and, occasionally, old or infirm relatives, are housed in a wigwam. The wigwam, called also a "tepee," is a hut of a conical form, open at the top for the escape of smoke, and made of a framework of poles, covered with hides, canvas, bark or mats. According to the skill and care of the builder, it may be rendered fairly warm, by being covered with moss, held in place by strips of bark and poles on the outside. When occupied by a large family, the cubic space in a tepee is insufficient and as, with the progress of winter, the tepee becomes dirtier and dirtier, the air breathed by its inmates is very foul indeed. The bacilli tuberculosis, owing to the diffusion of tuberculosis among the Indians of to-day, may be present in the air of the tepee; if a member of the family is attacked with consumption, no efforts at disinfection being made, the atmosphere of the tepee becomes exceedingly infectious. Sometimes, also, to add to the horrors of such a situation, the food supply gets dangerously near the border line of starvation, the power of resistance of the sick Indians is exhausted and they cough, cough, and then they soon die.

One would say that the Indians, as wards of the Canadian Government, should receive advice from medical officers of the

Department of Indian Affairs. The ancestral custom of housing in tepees cannot be removed among forest Indians, but they should be taught to isolate their consumptive cases in a separate tepee, and also to provide them with birch-bark sputum boxes, which should be burned after a short use. A tepee which was occupied by an Indian who has died of consumption should be disinfected or destroyed. A distribution of meat and flour, by the Government, to poor Indian families, who have cases of tuberculosis to provide for, would also be in order.

Turpentine Enemata in the Treatment of Enteric Fever

Dr. W. J. J. Arnold, Civil Surgeon, St. Helena, recommends enemata of turpentine and olive oil in the treatment of typhoid fever, from the first day of treatment throughout the disease, at stated intervals, until the temperature has been normal for ten days. An enema of turpentine 1 oz. and olive oil 1 pint is given by a funnel and tube; and the foot of the bed being well raised, the emulsion is allowed to find its way slowly up the bowel. On the next day, or the day after, the same quantities are repeated. In most instances the amount of turpentine may then be reduced to ½ oz., with olive oil 15 oz. This is administered, on alternate days, throughout the whole course of the disease and continued until convalescence is fairly established. A preliminary cleansing of the bowel by a dose, or preferably small divided doses, of calomel, followed by castor oil, prepares the ground for the action of the turpentine. The dose of calomel may be repeated more than once, if necessary, alternating with the enemata. Dr. Arnold says: "The average intestinal tract contains an enormous amount of toxic matter, and, after this has been got rid of, it should not be permitted to reaccumulate. Under the influence of turpentine enemata, abdominal fulness is perceptibly reduced and very soon the abdomen presents a hollow space, especially in the regions of the iliac fossæ and the hepatic and splenic flexures." Dr. Arnold states that, in his cases of

typhoid fever, headache is never complained of after the second day. The tongue cleans early and remains moist and patients express themselves as feeling quite well, their most serious trouble being an early desire for "something to eat."

He gives quinine, two or three grains, dissolved in hydrochloric acid, by the mouth, as a heart tonic and bactericide, not as an antipyretic.

It appears from Dr. Arnold's paper (see the *British Medical Journal,* July 23, 1910, p. 195) that diarrhœa is rarely met with in the typical typhoid fever, occurring in St. Helena. In an epidemic among troops, stationed there in 1902, constipation was the rule.

Turpentine, given per os, has long been a favorite remedy in typhoid fever for the relief of tympanites; to check intestinal hemorrhage—and as a cardiac stimulant in depressed conditions of the circulatory system. Dr. Arnold's use of the turpentine enema is novel, and while it may be suitable in cases of typhoid fever in which constipation is a feature, would not be appropriate in other cases in which diarrhœa occurs. However, like every form of treatment used in typhoid fever, and there are many, it should be judged by the results. The shortening of the attack to sixteen days, the substitution of a mild attack for a virulent one, the elimination of headache and delirium, all make out a good case for the employment of the turpentine enema in typhoid fever.

Intraperitoneal Rupture of the Urinary Bladder

Shock is not always present in that rare lesion, rupture of the urinary bladder, and in a case recorded in *The Practitioner,* by W. H. Battle, F.R.C.S., the patient, a laborer, performed his work an entire day after the accident, and was not compelled to take to bed until the second day was well advanced. The laceration admitted the end of a thumb.

The symptoms of peritonitis from extravasation of urine may be insidious and the pulse is then an invaluable guide. Failing strength, rapid pulse, and, later, vomiting may be the only symptoms of extensive mischief.

After receipt of this injury the patient complains of severe pain in the lower part of the abdomen, while frequent but futile efforts are made at urination. Percussion may show that a large quantity of free fluid is in the peritoneum, and, in the absence of symptoms of hemorrhage, this is most probably urine. Herrick reports two cases in which large rents in the posterior wall of the bladder permitted the entrance of the catheter into the abdominal cavity and the withdrawal of large quantities (one quart in one case, a pint and a half in another) of bloody urine in a forceful stream. Mr. Battle mentions a case in which 95 oz. of urine escaped through a catheter. Obviously this quantity could not have been retained in the patient's bladder and renewed examination showed diminution in the amount of free fluid. The rent in the bladder measured 4 in. This change in the abdominal dulness, after an instrument has been passed and fluid withdrawn by it, is important. Another useful sign is a contracted state of the bladder rendering movements of the catheter difficult, while perhaps only an ounce or two of blood-stained fluid comes away.

The Inflammability of Flannelette

The British Fire Prevention Committee (see the *British Medical Journal,* July 23, 1910, p. 216) have taken steps to prevent the great sacrifice of child life, due to the wearing of night garments of flannelette. This highly inflammable material burns with rapidity after ignition and may be consumed in a few seconds. It is recommended by the committee, that signs shall be worked in the selvedge of flannelette bearing the words "Burns rapidly," and, if sold in the form of ready-made gar-

ments, these words should appear on the principal band or inner hem.

Physicians would do well to call the attention of their patients to the dangerous inflammability of flannelette and "union," which are extensively used in the making of night garments.

Aviation and the Coroner

There are several athletic exercises which cause diseased conditions of interest to surgeons. Tennis produces strains of the muscles of the elbow; football and lacrosse any sort of injury from a cut head to a fractured thigh; baseball causes the "glass arm."

Aviation, which is nowadays the sport of sports, is quite too peremptory, too death-dealing in handing out injuries to her votaries. The bird-man literally takes his life in his hands when he unfolds his pinions to the blast, and should feel a supreme scorn of death, for death ever flies between him and the earth. Aeroplanists tell of the eddies and whirls encountered in the air, and they are unavoidable. Should an aeroplane suddenly encounter an eddy and turn turtle, the aeroplanist's physical condition after the fall will be of more interest to the coroner than to the surgeon.

J. J. C.

News of the Month

A MEDICAL SOCIETY—A CLEARING HOUSE

The well-conducted medical society represents a clearing house in which every physician of the district receives his intellectual rating and in which he finds out his professional assets and liabilities. OSLER.

THE WATCHFUL EYE, THE ALERT EAR, THE TACTFUL FINGER

With all our varied instruments of precision, useful as they are, nothing can replace the watchful eye, the alert ear, the tactful finger and the logical mind which correlates the facts obtained through all these avenues of information, and so reaches an exact diagnosis. W. W. KEEN.

DOMINION REGISTRATION

The following resolution *re* Dominion registration was adopted by the Alberta Medical Association at Banff, August 11th inst: "Your Committee on Legislation beg leave to recommend that in the opinion of this association it would be in the best interests of the medical profession, not only of this province but of the whole Dominion, that Dominion registration be brought about as soon as possible by the adoption of the Canada Medical Amendment Act, 1910." Carried.

DR. ISAAC WOOD IS DEAD

Dr. Isaac Wood, the specialist, died shortly after midnight on Aug. 31st from paralysis. He was attacked on the previous Monday afternoon. The deceased was very prominent in his profes-

sion. He was aged 62 years. Born in Grenville County, he early developed literary tastes, and was teacher in Prescott and Kingston. In 1884 he graduated at Queen's, became head of Kingston Business College in 1891, took his M.A., and in 1892 his M.D. He was professor of pediatrics, assistant professor of obstetrics and gynecology, and lecturer in chemistry in Queen's Medical School. He was a Liberal and a Methodist. One daughter survives.

FLORENCE NIGHTINGALE

One of the great women of all time has passed away in the person of Florence Nightingale. Born in the same year as the late Goldwin Smith (1823), her name has become a tradition, and there were no doubt many who, until her fame was revived at the time of the death of King Edward, believed that she had passed away long ago. Not only was she a woman of resource, heroism and infinite capacity for self-sacrifice, but by her achievements she raised the profession of nursing to the high and estimable position it now occupies in the public mind. When Charles Dickens wrote "Martin Chuzzlewit," the types of sick nurse depicted in Sairey Gamp and Betsy Prigg were not seriously overdrawn. When Florence Nightingale came to the fore such types gradually disappeared, and nursing came to be regarded as a noble vocation for women. She was the daughter of William Shore Nightingale, of Embly Park, Hampshire, and was born in Florence, Italy. The idea of a scientific and humanitarian system of nursing came to her as a young girl, and she studied the calling in the various military hospitals of Europe. When, during the Crimean war of 1854, news reached England that men were dying like flies in the camps on the Black Sea, she offered to organize a corps of nurses for service. With unusual promptitude the War Office accepted, and within a week she was on her way to Scutari. During the balance of the campaign she rendered invaluable assistance to the sick and wounded and effected many hospital reforms. So great were her labors that her health was seriously impaired, and the peope of England

generously came forward with a public subscription of fifty thousand pounds. This sum she at once devoted to the foundation of a training school for nurses in connection with St. Thomas Hospital, London. Between 1859 and 1873 she wrote several reports and treatises on subjects allied to the subject nearest her heart. For many years she has been an invalid and a subject of homage in a small circle of surviving friends.—*Toronto Saturday Night.*

Dr. R. O. Snider died suddenly at his home, 42 Carlton St., on September 16th.

Drs. Helen MacMurchy and Wilmot Graham have been appointed Medical Inspectors of Toronto's Public Schools.

Dr. James MacCallum sailed for England last month, and intends spending two months in the principal cities of the Old Land.

PERSONAL

Dr. J. Harvey Todd has removed to No. 163 College Street, where he has fitted up a most complete and up-to-date laboratory for radiography and radiotherapy.

It is understood that Dr. Herriman, the present able assistant superintendent of Toronto Asylum, will be shortly appointed medical expert at Orillia.

Drs. F. N. G. Starr, G. S. Ryerson, Alex. McPhedran, Helen MacMurchy, A. J. Johnson, Irving Cameron and H. A. Bruce returned a few weeks ago after spending the summer in England.

Dr. and Mrs. W. J. Wilson are at present in the Old Country, and before returning home next month will tour Italy.

We are pleased to announce that Mrs. Thistle, wife of our fellow-graduate, Dr. W. B. Thistle, is recovering from a recent prolonged illness.

Dr. W. H. B. Aikins is removing to Bloor St. West this month.

Dr. Bruce Riordan expects to occupy his new house, at the corner of Roxborough St. and Yonge St., almost immediately.

Dr. J. T. Clarke, 410 Bloor St. West, intends leaving Toronto about January 1st next to take charge of an important military hospital in an eastern province. Dr. Clarke wishes to either dispose of, or lease for a term of years, his new house, No. 410 Bloor St. West. This is a solid pressed brick dwelling, semi-detached, thoroughly modern in every respect, gas and electric light, with 30 feet frontage on Bloor St., opposite Spadina Ave. Dr. Clarke will undertake to introduce any physician buying or leasing the property to quite an extensive list of patients, his practice having for years been a most remunerative one.

Correspondence

The Editor cannot hold himself responsible for any views expressed in this Department.

MEDICAL LIBRARY, FACULTY OF MEDICINE, MCGILL UNIVERSITY,
12th August, 1910.

The Editor THE CANADIAN JOURNAL OF MEDICINE AND SURGERY:

DEAR SIR,—I notice in the May number of your journal an article on "The Romance of a Gold-Headed Cane," in which reference is made to the loss of a second edition of "The Gold-Headed Cane, probably the only one in Canada."

I thought you would like to know that we have two copies of the first edition in our library.

Yours truly,
M. R. CHARLTON,
Librarian.

DEATHS FROM HEART DISEASE.

Wilmette, Ill., August 15, 1910.

Dr. W A. Young, Managing Editor CANADIAN JOURNAL OF MEDICINE AND SURGERY, 145 *College Street, Toronto, Ont., Can.*:

DEAR DOCTOR,—I was much interested in reading a brief article entitled "Deaths from Heart Disease," by Dr. Wm. F. Waugh, in the August number of your journal. I think that Dr. Waugh was correct when he said that the patient referred to in the following paragraph "died from digitalis," rather than from heart disease:

"A man in his fifties, tall and powerful, had been for some years affected with heart trouble, a mitral double lesion. The malady had gone through the usual stages, and compensation was failing. He was prescribed digitalis, the powder, in pills. Immediate improvement followed, but within two or three days this subsided and the difficulty returned with increased force. The doses of digitalis were increased also, but the man rapidly sank and died in a few days. The urine was almost totally suppressed."

Here was a case where the attending physician possibly ignored the danger of the cumulative action of digitalis.

Digitalis is often given in too large doses, or at too frequent intervals, or when it is not indicated. Digitalis is indicated only in cases where there is dynamical failure of the heart muscle, without reference to the nature or location of the primary valvular lesion. There is no exception to this rule in the abstract, although there may be individual contraindications, such as intolerance of the drug, or a dangerous degree of muscular degeneration.

In marked degeneration of the heart, digitalis must be used very carefully if at all. In beginning asystolism with serious dropsy and passive congestions, the careful use of digitalis may be followed by good results. But it is a dangerous drug to use, especially in the form of a tincture or fluid extract. A good infusion from the English leaf is the best and safest liquid preparation of the drug, its dose being the most easily graded. The infusion is free from digitoxin, which is the most active and dangerous constituent of digitalis.

It is well known that digitalis will stimulate the heart to more energetic contraction. If the integrity of the muscle be fair, the slower and firmer contraction determines better blood supply to the muscle, and thus the tonic action of digitalis in building up the tone and integrity of the muscle is instituted and may be of permanent benefit if the drug is properly handled. On the other hand, if the muscles are sufficiently degenerated, we will get a modified and temporary stimulant action from digitalis, which, after a few days of unsatisfactory struggle on the part of the heart, is lost, and the latter relapses into a condition of asystolism. Thus we say that clinically—in the beginning of a case—we employ digitalis most often as a stimulant, and the tonic properties are dependent on its virtues in this regard. Therefore it should be used at first as any other stimulant or symptomatic medicine is used, in such doses as will produce the desired effect, without overdoing the matter.

We would unquestionably have better and more permanent results in some cases of cardiac disease, if we could maintain for years a more or less constant administration of small quantities of digitalis, instead of losing sight of our patients as soon as the circulation is restored, not to be seen again until dilatation has

attained a dangerous degree. To suitable cases continuous administration for months of digitalin is not productive of trouble, though it is better to intermit the exhibition of the drug every two or three weeks for a few days. The asystolism which digitalis is said to develop is largely due to its administration in cases unsuitable to the drug, or because the crude drug or some galenic preparation is administered.

Dr. Waugh has explained the action of the pills of digitalis in the case cited. It should be remembered that when digitalis is given in pills or powders, their want of solubility or unfavorable conditions of absorption may cause an accumulation of the doses in the alimentary canal. When the conditions here favor solution and absorption, the whole collection may be poured into the blood at once, producing poisonous symptoms and in some cases death. The habitual use of a remedy also entails a gradual diminution of its effects, as the impressibility of the body diminishes or the antagonistic forces increase.

The first of these difficulties, accumulation of doses, cannot be avoided as long as the physician uses galenic preparations, as he cannot tell whether he has given a weak dose, of old leaves perhaps, or that the dose has not been utilized. These perils are avoided by the use of the active principles.

In using digitalin the indication of exact dosage is to be taken from the pulse, for the useful action is manifested there rather than in the heart itself. Digitalin is contraindicated in any cardiac affection in which the arterial tension is not below normal. When the tension is above normal as in atheroma, or in cirrhotic nephritis, there is danger in this drug.

In some respects I agree with Dr. Waugh regarding the use of sparteine. I do not think, however, that sparteine sulphate will fill the place of digitalis in cases of actual muscular failure. It is of value in cardiac weakness and irregularities in neurotic individuals. It is a valuable remedy also to regulate functional or valvular arrhythmia. Its action is rapid, and it may be used to sustain the heart until digitalis has had time to produce its effect. It is serviceable also to steady the pulse in persons addicted to opium or other drug habits.

I am very glad Dr. Waugh called attention to this case of death from digitalis. Unquestionably a great many physicians

use preparations of digitalis at too frequent intervals and in too large doses and for too long a period of time. Whenever a cardiopathic patient requiring digitalis improves under the drug, and then in a few days the pulse becomes irregular and weak and signs of failing compensation appear, it is not an indication for increased dosage or for the drug to be given oftener, but for smaller doses and longer intervals between them, or for the prompt withdrawal of the drug entirely for a few days.

Digitalis is very potent for good or ill, and it behooves every doctor to thoroughly familiarize himself with the proper indications for and the manner of administration of this valuable drug.

Sincerely yours,

GEO. F. BUTLER.

The Physician's Library

Some new Lippincott books.

J. B. Lippincott Co., the Philadelphia book publishers, whose Canadian office is located at Room 608, Lindsay Building, Montreal, have just issued a number of highly important medical books, and have in preparation other new works that are sure to meet with pronounced favor.

About October 1st Dr. Gwilym G. Davis' "Applied Anatomy" will be ready. Dr. Davis is Associate Professor of Applied Anatomy at the University of Pennsylvania, and his object has been to present a book on applied topographical anatomy, moderate in size, ample in scope, clear and concise in description, lucid and correct in illustration, absolutely practical in character, with a typography and general workmanship unexcelled.

Following the publication of Davis' "Anatomy" will come a book by Samuel T. Earle, M.D., Professor Emeritus in the Baltimore Medical College, on "The Diseases of the Anus, Rectum and Sigmoid." This work was written to especially meet the requirements of the general practitioner and the medical student, and is splendidly illustrated by one hundred and fifty plates.

Lippincotts also have in preparation a revised second edition of "Diseases of the Pancreas," by Eugene L. Opie, M.D., of Johns Hopkins University, and a revised fifth edition of Dr. J. C. Wilson's "Fever Nursing."

The American Journal of Physiologic Therapeutics.

We take pleasure in calling the attention of those interested in Non-Medicinal Therapy to a new journal published by Dr. Henry R. Harrower of Chicago. It is called *The American Journal of Physiologic Therapeutics,* and, judging from the few issues that have already appeared, this publication should have a bright future.

Physiologic Therapeutics is a one-hundred-page bi-monthly journal, intended to serve as a delineator of the progress made in the various lines of non-medicinal or physical therapy. The

Journal is pithy and practical, and special efforts are being made to make it the means of interesting the general practitioner in the vast possibilities of this particular field of therapeutic endeavor. Dr. Harrower is so satisfied as to his journal's success that he is willing to send *The American Journal of Physiologic Therapeutics* to any prospective subscriber for six months without charge. He does this in order to get an opportunity to convince medical practitioners generally that there is a need for his journal in general medicine. The subscription price is $1.25 per annum post paid in Canada. The publication office is 72 Madison Street, Chicago, Ill.

Lippincott's New Medical Dictionary. A vocabulary of the terms used in medicine and the allied sciences, with their pronunciation, etymology and signification, including much collateral information of a descriptive and encyclopaedic character. By Henry W. Cattell, A.M. (Laf.), M.D. (U. of P.), Editor of *International Clinics,* Fellow of the College of Physicians of Philadelphia, etc. Freely illustrated with figures in the text. Philadelphia and London: The J. B. Lippincott Company.

This volume is indeed a credit to the book maker's art and is worthy of the well-known publishing house of J. B. Lippincott Company of Philadelphia and Montreal.

We feel that we can honestly corroborate what the author states in the preface to his dictionary, where he states that it is "a single volume of moderate compass and at a reasonable price, which shall attain the ideals of the user in regard to thoroughness, accuracy, perspective and proportion and general suitability to the year 1910." From the standpoint of size and handiness, it is a volume which the average medical reader will appreciate handling, being splendidly bound in soft leather. The quality of paper is exceedingly good and the typographical work the best.

We feel that it will be years before Lippincott's New Medical Dictionary can be excelled, as it can be truly characterized as a *multum in parvo.* Dr. Henry W. Cattell is to be congratulated on the completion of so important a work. W. A. Y.

The Harvey Lectures, 1908-09. J. B. Lippincott Co., Philadelphia, London and Montreal.

Since 1905 the Harvey Society of New York has been publishing a volume each year of lectures by leaders in the science of medicine. The fourth volume, for 1908 and 1909, like its predecessors, presents a series of addresses both timely and edifying.

The clinician will not find clinical work here, but discussions which he needs probably more than he needs clinical instruction. He is afforded an opportunity to hear the latest word on such subjects as immunity, metabolism, anaphylaxis and heredity. Without the trouble, and not having the opportunity of studying these subjects at first hand, he may be led by an expert experimentalist to the tree of knowledge of good and evil in matters of vital interest to him, so that he may be prepared to follow the one and eschew the other.

This volume is attractively presented, uniform in type and binding with its predecessors. B. E. M.

An International System of Ophthalmic Practice. Edited by Walter L. Pyle, A.M., M.D., Philadelphia. Therapeutics by Dr. A. Darier, Paris, translated by Sydney Stephenson, M.B., F.R.C.S., London. Illustrated. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut Street. 1910.

This is the first of a system to be completed in seven volumes. There are to follow *Medical Ophthalmology,* by Arnold Knapp; *Ophthalmic Diagnosis,* by Chas. H. Beard; *Pathology and Bacteriology of the Eye,* by Treacher Collins and M. S. Mayon; *Affections of the Orbit and Accessory Cavities,* by Christian R. Holmes; *Examination and Refraction of the Eye and Eyestrain,* by Walter L. Pyle, and *Ophthalmic Surgery,* to be announced later.

The first part of this volume is given up to general therapeutics, the second to special therapeutics—the treatment of the several diseases of the eye.

There is no therapeutic nihilism about Darier; the blessed optimism which pervades everything written by him may encourage the discouraged practitioner to gird his loins and try another fall with a case which has repelled all his therapeutic attacks. J. M.

Nursing in Diseases of the Eye, Ear, Nose and Throat. By the Committee on Nurses of the Manhattan Eye, Ear and Throat Hospital, New York City. 12mo volume of 281 pages, illustrated. Philadelphia and London: W. B. Saunders Company. 1910. Cloth, $1.50 net. Canadian agents: The J. F. Hartz Co., Ltd., Toronto.

This little work is unusual in that it is written by the staff of the Manhattan Eye, Ear and Throat Hospital. It is but necessary to look through it to see that it is written by those who have had practical experience of the difficulties of nurses. The knowledge of nursing of the diseases of the eye, ear and throat possessed by the average graduate of a general hospital is exasperating. A perusal of this handbook will help out greatly her lack of practical training. J. M.

Mentally Deficient Children: Their Treatment and Training. By G. E. Shuttleworth, B.A., M.D., late Medical Superintendent of the Royal Albert Institution, and W. A. Potts, B.A., M.D., Medical Investigator to the Royal Commission on the Care and Control of the Feeble-Minded. Third edition. London: H. K. Lewis. Philadelphia: P. Blakiston's Son & Co.

Dr. Shuttleworth, the English Nestor among workers for the feeble-minded, has been fortunate in securing the services of Dr. Potts of Birmingham in the preparation and revision necessary for the third edition of his excellent work on mentally deficient children. The book itself is too well known and highly appreciated to make any extended review either necessary or appropriate, but we may simply say to the large number of benevolent and far-sighted persons who now realize the importance of this subject, though they are imperfectly acquainted with it, that they could not do better than study this interesting, sensible and thoroughly practical volume. The chapters on moral training, on educational training and on industrial training and recreation, as well as that on results and conclusions, are worthy to be read again and again and followed closely in practice. Frequent references to recent work, notably the Report of the Royal Commission, add to the value of the book.

H. M.

Moynihan's Duodenal Ulcer. Octavo of 379 pages, illustrated. By B. G. A. Moynihan, M.S. (London), F.R.C.S., Honorary Surgeon to Leeds General Infirmary, England. Cloth, $4.00 net; half morocco, $5.50 net.

Mr. Moynihan's very large experience and conceded ability are sufficient to stamp the above book as a masterpiece. The clear, forceful manner of the presentation of his subject will be at once recognized by the practising surgeon. The living pathological conditions found on the table during operation proved beyond question the diagnosis founded in each case upon the past and present history. It is this practical demonstration that makes the book so very strong, and it is unquestionably the best exposition of the subject to date. C. F. M.

Otitic Cerebellar Abscess. By Heinrick Neumann, Privat-Docent, University of Vienna. Translated by Richard Lake, F.R.C.S. London: H. K. Lewis, 136 Gower Street. 1909.

Statistical evidence is adduced by the author to show that about 90 per cent. of the cases of cerebellar abscess occur between the ages of ten and thirty years, and that a large proportion of the cases, perhaps as much as 80 per cent., may be traced directly to chronic suppuration of the middle ear; the relative frequency in regard to sex has been found to be about two males to one female. Headache, vomiting, slowness of pulse, pallor, nystagmus and ataxia present the chief features in the clinical picture, but the diagnosis is extremely difficult.

In the compass of 150 pages, Dr. Neumann has given the reader a clear and concise account of his patient study and extended observation of this disease. N. H. B.

An Index of Symptoms, with Diagnostic Methods. By Ralph Winnington Leftwich, M.D., late Assistant Physician to the East London Children's Hospital; Author of "Syphonage of the Large Intestine." *Nihil humani a me alienum puto.* Fourth Edition. New York: William Wood & Company. 1910.

The fourth edition of this interesting work has come to hand. It contains 451 pages, including an index. It is compact and easily carried in the pocket. The object of the work is to give at

a glance the symptoms and signs in each disease, and by a system of marks, to give one some idea of their value and frequency of occurrence. The list is very full and in most instances fuller than most good diagnosticians habitually carry in their heads. The very numerous explanatory notes are especially valuable. No matter how we dislike to use men's names in connection with signs and tests, we must try to remember them, which is often difficult, and often we are not able readily to look them up. This little work gives them, with their values, in a very convenient form, and a sentence or two explaining their value. There are eleven illustrations giving positions of organs, pulse and temp. tracings, crystals, etc. Facing the title is a new regional chart of the chest, so divided that one may readily indicate any spot, no matter how small, and which, if generally adopted, would add much to the accuracy of any description. The work is decidedly unique, and will prove valuable, more especially to the student and young practitioner. Price $2.25.

W. J. W.

The Diseases of the Nose, Mouth, Pharynx and Larynx. A Textbook for Students and Practicians of Medicine. By Dr. Alfred Bruck (Berlin). Edited and Translated by F. W. Forbes Ross, M.D., Edin., F.R.C.S. England; late Civil Surgeon His Britannic Majesty's Guards Hospital, London; Assistant North London Hospital for Consumption and Diseases of the Chest; Clinical Assistant Metropolitan Hospital for Diseases of the Nose and Throat, etc.; assisted by Friedrich Gans, M.D. Illustrated by 217 figures and diagrams in the text, many of which are in colors. New York: Rebman Company, 1123 Broadway.

This is one of the very best books on the nose and throat that has appeared in recent years; in fact, from the standpoint of the general practitioner, it is probably unequalled. The chapters devoted to routine of examinations are quite the best we have seen in print. The chapter devoted to diseases of the mouth and tongue is very complete, and we think has a place in a book of this kind.

In connection with removal of tonsils, the author is apparently not greatly in favor of complete enucleation of the ton-

sils, as on page 294 he speaks of angina resulting from sepsis in the crypt of the stumps of tonsils which are left after a tonsillotomy. Under the head of evulsion, he quotes Winkler, but offers no remarks of his own. In the serum treatment of diphtheria we are inclined to think his dosage too little.

The book is beautifully and profusely illustrated and one of the most delightful that it has been our pleasure to read. There are some parts of the book that the specialist might wish a little more elaboration of, but he will miss a good deal not found in other books, if these criticisms deter him from reading the book. The general practitioner and student will find the book fills all his requirements. P. G. G.

Pulmonary Tuberculosis and Its Complication. By SHERMAN G. BONNEY, M.D., Professor of Medicine, Denver and Gross College of Medicine, Denver. Octavo of 955 pages, with 243 original illustrations, including 31 in colors and 73 X-ray photographs. Second edition. Philadelphia and London: W. B. Saunders Company. 1910. Cloth, $7 net; half morocco, $8.50 net. Canadian agents, The J. F. Hartz Co., Ltd., Toronto.

Dr. Bonney's treatise on tuberculosis and its complications was reviewed in these columns in November, 1908, soon after its appearance. Within a year it was reprinted. Now it appears before us as a second edition, showing careful revision, and with many portions rewritten. Some new chapters have been added, increasing the bulk from 778 to 955 pages. Some slight defects to which we drew attention have been remedied in this edition.

The author must be again complimented on the thorough manner in which he has treated the subject. We find many more references to the literature than in the former edition, yet throughout the work we realize that the major portion is a record of personal experience. This it is which makes the book valuable. Too many of the books appearing to-day are compilations from the literature and show little of the personality of the author.

A new chapter appears on The Relation of Human and Bovine Bacilli, and the X-ray in diagnosis is also given a chapter, appearing before as a part of a general chapter on special

aids in diagnosis. Thirteen X-ray plates have been added to the sixty in the former edition. Surgical procedures are given a chapter, but the important question of the choice of anesthetics is not discussed.

Over fifty new illustrations and eleven colored plates have been added. The colors in the plates illustrating the Moro and Von Priquet reactions are not correct, and, owing to a change of paper, the illustrations are not as sharp as in the old edition.

In the excellent discussion on complications we find no reference to diabetes. Tuberculosis occurring so frequently in the course of diabetes, this disease is deserving of some notice.

We are pleased to see a chapter devoted to the author's experience with tuberculin—a fuller discussion of the administration of tuberculin would add to the value of the book.

A few other minor criticisms might be offered, but refer to matters which do not materially alter your reviewer's hearty commendation of the work. We know of no work on the subject written so interestingly or which offers the general practitioner so much information of a practical character, full of personal experience. We heartily recommend it to every physician who wishes to know what he may do in treatment of his patient with pulmonary tuberculosis and the many complications which may arise. J. H. E.

Rhinology. A Text-book of Diseases of the Nose and the Nasal Accessory Sinuses. By Patrick Watson Williams, M.D. (Lond.), Lecturer on Diseases of the Nose and Throat at the University of Bristol; and in charge of the Departments for Diseases of the Ear, Nose and Throat at the Royal Infirmary, Bristol; Consulting Surgeon for the Ear, Nose and Throat, Pontypool Hospital; Vice-President Laryngological Section, Royal Society of Medicine, London. Longmans, Green & Co., 39 Paternoster Row, London; New York, Bombay and Calcutta. 1910.

The rapid progress that has taken place in rhinology during the last few years has induced the author to present a volume of this portion of the work. We think Dr. Watson Williams has given the profession an exceedingly well-written work dealing with diseases of the nose. Particularly well written is the

anatomical portion of the work on the nasal sinuses. The illustrations are exceedingly well done and many are in colors. The series of stereoscopic plates in the back of the book are beautiful and of very great assistance. The book is a credit to British rhinology, and will doubtless attain a high place in the rhinological literature of the world. The publisher's work has been exceedingly well done. P. G. G.

Commission of Conservation, Canada. Honorable Clifford Sifton, Chairman; James White, Secretary. Report of the First Annual Meeting, held at Ottawa, January 18th to 21st, 1910. Ottawa: The Mortimer Co., Ltd. 1910.

The Conservation Commission, which has been constituted by the Canadian Government to provide for a conservation of the principal resources of the country, is a non-partisan body whose first efforts will be directed to obtaining accurate information about the natural resources of Canada. These resources may be grouped as follows: the minerals, the fisheries, the public health, inland waters, the land and the forests. The first report before us shows that efforts will be made to remedy defects and initiate improved conditions in these various sources of national wealth. Any effort towards good, however small, is better than a do-nothing policy. We wish the Conservation Commission success and shall be pleased to chronicle it. J. J. C.

Insanity in Everyday Practice. By E. C. Younger, M.D., Brux.; M.R.C.P., Lond.; D.P.H., etc.; Senior Physician, Finsburg Dispensary; late Senior Assistant Medical Officer, London County Asylum, Hanwell; formerly Assistant Medical Superintendent, Metropolitan District Asylum, Coberham; Fellow of the Medical Society of London; Member of the Medico-Psychological Association of Great Britain. Second Edition, revised and enlarged. London: Bailliere, Tindall & Cox, 8 Henrietta Street, Covent Garden. 1910.

The author of this little book has presented a clear and comprehensive condensation of his subject in this second edition of his work, and he has successfully resisted the temptation to enlarge its compass, and has only added a few pages to his revision. His method is to indicate the important symptoms

of the leading forms of mental disease, and he allows himself very little latitude for description or speculation. His classification is according to the Royal College of Physicians, London, and his chapter on the procedure necessary for admissions is intended for the direction of English practitioners. The author refers to his work as an "outline chart," and he has accomplished his aim of giving his readers an acquaintance with the broad outlines of insanity. N. H. B.

Genesis. A Manual for the Instruction of Children in Matters Sexual; for the Use of Parents, Teachers, Physicians and Ministers. By B. S. TALMEY, M.D., former Pathologist to the Mothers' and Babies' Hospital, and Gynecologist to the Yorkville Hospital, New York. With 19 cuts, 47 drawings, in text: pp. 194. The Practitioners' Publishing Company, 12 West 123rd Street, New York City.

The author of this volume found that most of the books dealing with instruction of children in sex matters are not quite adequate. The suggestions of the author, excellent though they be, are mostly too general in their scope and somewhat vague to be of great service.

There are a good many parents who are convinced of the necessity of enlightening their children in regard to the science of sex, but they lack the requisite knowledge, and a few hints would be of little service to them.

For this reason the author has set out to supply the want by writing a text-book for the instruction of children in matters of sex. In the first, the general, part the author, too, has tried to contribute his mite to prove the necessity of instructing the young in sex matters. This section is naturally more or less a repetition of what other authors have said on this subject. The five lessons in the second, the special, part will be of some service to all classes of instructors. The first two lessons are, in the nature of things, only for parents and guardians of infancy and early youth. The two following lessons may be made use of by cultured parents, but they were written mostly as a guide for teachers. The fifth lesson will be of value to the physician in his talks to growing boys and girls when going out into the world, and to the minister while preparing the children for confirmation.

Medical Men in the Time of Christ. By ROBERT WILLSON, M.D. Philadelphia: The Sunday School Times Company. 1910.

In this little book Dr. R. Willson, a gentleman well able to write upon this particular subject, gives the profession a small volume that is bound to interest, particularly, those who enjoy literature of this kind. The volume represents one hundred or more pages, and deals with such subjects as "The Review of Medical History," "Lay Conditions Surrounding Medical Men Before and In the Time of Christ," "The Asklepian Temples of Health," "Luke, the Physician," and, in the closing chapter, "The Master Physician."

Perhaps no better recommendation for Dr. Willson's book can be given than the wording of the last paragraph of his preface, in which he says about his work: "It is inscribed to The Great Physician, who is still spending Himself lavishly upon the salvation of every life that yields itself to His all-power and skill, and from whom goes virtue to every needy soul that touches His garment's hem." W. A. Y.

A Text-Book of Pathology. By JOSEPH MCFARLAND, M.D., Professor of Pathology and Bacteriology in the Medico-Chirurgical College of Philadelphia. Second Edition. Octavo of 856 pages, with 437 illustrations, some in colors. Philadelphia and London: W. B. Saunders Company. 1910. Cloth, $5.00 net; half morocco, $6.50 net. Canadian agents: The J. F. Hartz Co., Ltd., Toronto.

From the title page we find that this volume has been "affectionately dedicated" to Drs. George H. Horn, William Stephens, Charles Walter, and our esteemed Canadian confrere, William Osler, "friends whose influence during boyhood, youth and early manhood helped to make me and so to make my book."

Dr. McFarland has thoroughly revised his work, and now presents it to the profession in the form of a second edition. The revision of a book of this size is no sinecure, especially to a busy man; but the author has been able to go over his volume page by page, so that it can be looked upon as being thoroughly up-to-date. The book is divided into two sections, the first dealing with "General Pathology," the second with "Special Pathol-

ogy." Under General Pathology we find considerable space devoted to such subjects as "The Etiology of Disease," "Defects of Development," "Pathology of Nutrition," "Pathology of the Circulation," "Parasitism," "Immunity," and other subjects of equal interest. Under the heading of Special Pathology Dr. McFarland has gone particularly into "The Blood," "Diseases of the Cardiovascular, Digestive and Respiratory Systems," "Diseases of the Skin," "Diseases of the Spleen," "Diseases of the Motor Apparatus," and "Diseases of the Nervous System."

After going carefully over the volume, it is no repetition to state that it is worth more than the price asked by the publishers and will be found of almost equal interest to the medical practitioner, whether he be in general practice or a pathologist.

W. A. Y.

GRAPE JUICE INVIGORATING TO THE SICK

In order to be able to procure a good grape juice, it is most important that care be used in the choice of the fruit to be used. In the best vineyards, the bunches of grapes are carefully sorted, the ripest being put aside and pressed by themselves, though in some places even the individual bunches are analyzed and the best berries cut out with scissors, to be used separately. Just such care as this is exercised by Mr. E. D. Smith, of Winona, Ontario, who manufactures one of the best grape juices in the province—all of his fruit is picked, so that the grape juice turned out from his factory is rich in color, mellow in odor and stimulating in effect. This grape juice is found exceedingly palatable to the sick, containing just enough stimulating quality to be beneficial to those convalescing from illness. In warm weather, physicians will find Smith's Grape Juice *particularly beneficial* when *iced,* more especially in cases of fever, and also in gastric affections—medical men know themselves that many so-called grape juices are strongly fortified and for that reason are robbed of their beneficial effect to the sick. Smith's Grape Juice *is the pure article* and *will be found to be all that it is represented.*

The Canadian Journal of Medicine and Surgery

A Journal published monthly in the interests of Medicine and Surgery

Vol. XXVIII TORONTO, NOVEMBER, 1910 No. 5

Original Contributions

PRESIDENT'S ADDRESS—ACADEMY OF MEDICINE, TORONTO.

By Albert A. Macdonald, M.D.

Fellows of the Academy of Medicine, Toronto,—Following our usual custom I am called upon to open the season's work with an address, but first you will allow me to take this opportunity of thanking you for the honor you have conferred in electing me to the position of president. Whilst deeply sensible of the confidence you have reposed in me, I am fully alive to the responsibility of the office, and feel that it is only possible to make the work a success by having the full, free and hearty support of each and every fellow. By our united efforts we can do much to forward the objects of the Academy, and to advance the position of the medical profession.

Though the Academy has only been in existence for three years, we have ample evidence that the union of the various societies which now form its sections has been productive of improvement and strength. The reports of the Trustees and the Library Committee show that we have added many valuable volumes to our already large collection, and that we have outgrown our first home.

By judicious arrangement with the University authorities we have been able to secure a site for future building operations, and hope before long to have suitable quarters, not only for the

storing of books, but also for holding our meetings in comfort. To this end we must bend our energies and united force.

Though it is not a part of the duty of this academy to become mixed up in politics, medical or otherwise, it is incumbent upon us to use our best efforts in guiding those who have the ruling of our city and our country in all matters pertaining to the health, comfort and well-being of our people. We must recognize our responsibilities and embrace our opportunities of educating the masses, as well in preventing as in the curing of disease. Our efforts towards securing pure water, milk and food must be continued, and we must not forget to protest against the overcrowding of houses in the more central parts of our city. Unnecessary and harmful noises should be eliminated, and the noxious smoke which pervades the city and hangs like a pall over it should be prevented. The question as to the harmful results from the glare of the many naked lights has often presented itself to me, and I think that our section on ophthalmology might well give it some consideration. Our city is making progress towards the purifying of the water supply, and at last scientific action is being taken, so that we may be emancipated from the disgrace of having harmful impurities served up to us through our water taps.

The question of pure water is an international one. We in Canada have such a lavish supply of water in our great lakes that we are careless about its contamination. One cannot view without alarm the immense amount of impurity flowing from the cities, towns and villages bordering on our lakes and streams. It is horrible to think of the enormous amount of filth flowing down the Niagara river into our beautiful lake, and then to realize that every little harbor is polluted by similar untreated effluent. We must do our share towards urging our representatives in Parliament to take this question up in the broadest sense and to secure combined action, not only amongst ourselves, but also with our neighbors to the south.

We may be thankful that the question of pure milk is taking hold of the people. The Milk Commission of this Academy has done good and effective work, and it is being followed by wider efforts on the part of our local government. There are many difficulties in the way, and every effort must be made to strengthen the hands of those in authority. It was with surprise that I noticed in the daily press a short time ago the imposition

of an almost nominal fine for the selling of adulterated milk! Surely the magistrate was not fully alive to the responsibility of his position. Five dollars as a fine for selling adulterated milk looks curious alongside of a twenty dollar fine for speeding to the relief of a suffering fellow creature.

How many lives, young and old, have we seen wrecked in physique, in morality and mentality by the "sowing of wild oats."

None can be more alive than medical men to the far-reaching ravages of moral depravity and venereal disease. The rank and file of the general practitioners do much, not only in curing their clients of their bodily ailments, but in giving good and wholesome advice as to avoiding the numerous pitfalls in their way, but it is by education and plain teaching that the greatest good may be done.

We must constantly advocate the pure life, and let it be known that the baneful influence of promiscuous intercourse and foul disease does not stop with the healing of the local sore or the drying up of the infectious and filthy discharge.

The employment of young girls, now so common, in crowded factories and in lonely offices is a source of danger not to be lost sight of. At an early age they leave the protecting influence of their homes for the strenuous life of the factory or office, and the herding together in lodging or boarding houses. Many are strong enough to resist the numerous temptations placed in their path, but plenty of them fall by the wayside that would be safeguarded in their homes.

The position of the medical (so-called) expert witness in our courts of justice has always appeared to me to be an anomalous one, brought about partly by the practice of allowing lawyers to cross-examine in such a way that it is hard for any but the astute to avoid giving a wrong impression and partly by the practice of taking sides. For doctors to enter the witness box and testify to one opinion for a fee, whilst others swear to an opposite opinion for a larger fee is not in the best interests of the profession, and is hard to reconcile with the best interests in the course of justice.

I have long held the opinion and still hope that the so-called medical expert will be abolished and that medical advisers will be employed by the Crown instead. In that way his position would not be in any way that of an advocate for either one side

or the other, but would be entirely judicial, and his whole object would be to help the presiding judge to a correct understanding of the intricate medical problems presented. I believe that in this way the real cause of justice would be furthered.

With regard to the working of the Academy for the coming winter, you will notice by the calendar presented by the Programme Committee that we are to be favored with addresses by some very prominent men. By the courtesy of Dr. Louis Wickham, of Paris, we have already had the privilege and advantage of commencing with an extra meeting, when we were brought into closer touch with "radium therapy." I was charmed by his judicial manner and scientific spirit. Though his utterances are *ex cathedra,* they are no loud boastings, but a calm exposition of the present position and value of a substance possessing high potentialities and great therapeutic possibilities.

Our thanks are due alike to Dr. Wickham and the gentlemen who made it possible for us to have the privilege of meeting and listening to a man of such wide repute at our special meeting.

The subjects for consideration during this season are both advanced and attractive, and I must take this opportunity of thanking my confreres for their active help towards the completion of our programme. I hope that we may do honor to those who are to favor us by giving them good and attentive audiences. I know that each and every one of us will go away from the meetings carrying germs of thought which will increase and multiply to our advantage.

To the older men I say, "Give us of your experience," and come to our meetings prepared to take an active part in the proceedings and discussions.

To the younger men I have the advice to give that the meetings of the sections are amongst the most valuable opportunities of their lives. They can do much to enliven the discussions and add materially to the attractiveness of the Academy. Let me urge upon all the advisability of careful study and preparation of cases, papers and remarks. Unless we are well prepared we do not always during a heated argument present our thoughts in the careful, scientific manner due to a progressive, learned society.

12 Bedford Road, Oct. 4, 1910.

OPENING ADDRESS, SECTION OF MEDICINE, ACADEMY OF MEDICINE, TORONTO, OCTOBER 11th, 1910

BY JOHN FERGUSON, M.A., M.D.,
Chairman of the Section of Medicine

Fellows of the Section of Medicine,—I shall not attempt to address you at any length. That I thank you for the honor you have conferred upon me I shall make known by telling you an incident. Some twenty-eight years ago I dined in Mr. I. H. Cameron's house, along with Professor W. Osler. During the conversation something arose that induced Mr. Cameron to say, in his usual epigrammatic style, "It is better to feel thankful than to say you are thankful." Like Othello,

> Rude am I in my speech,
> And little blessed with the soft phrase,

and like the Moor of Venice,

> Therefore, little shall I grace my cause
> In speaking for myself.

The Academy of Medicine has so far but a short history. Its past is brief, but its future, judging by indications, is bound to be both long and useful. Some eighteen years ago I contributed my views to the medical journals on the formation of an Academy of Medicine in this city. I will venture that the opinion was the first written expression in favor of such a movement. The various interests were united a little over three years ago. The results have more than justified what was then done, and so we can say with Shakespeare,

> Thus far our fortune keeps an upward course,
> And we are graced with wreaths of victory.

It is now fully thirty years since the late Mr. McKim, the university beadle, put the hood of a medical bachelor over my head. During these thirty years time has not been idle. The teachers of those days are almost all gone; and those who were then engaged in the practice of medicine in Toronto, with few

exceptions, have joined the majority. But it is as true to-day as it was with the ancient prophet that though the workmen die, the work goes on. The profession of Toronto is almost a new one; but the spirit of those men, some of whose portraits hang upon our walls, yet remains with us. In the words of Emerson, "Though they have ceased to be our companions they are still our guides." To be loyal to their memory will go a long way to make us loyal to ourselves and the work we have in hand. Something has been done to keep alive the memory of those very worthy names. We are told by Amelia B. Welby that "Hope links us to the future, but it is memory that links us to the past." With Lady Macbeth we can truly say, "Memory is the warder of the brain."

The Academy of Medicine of Toronto may well be proud of its position. In a few weeks, at the most, its permanent home will be ready for occupation. In that home there will be stored our *penates and lares,* our household gods in the form of the pictures, books and other possessions of the Academy; and around it will grow up many fond associations, or as the poet puts it,

> Tender memories round thee twine,
> Like the ivy green round the pine.

To a body of men belonging to any profession, one could not imagine anything that could form such a centre of attraction as a good library. There they can hold communion with the great minds of the present and the past. What a pleasure it is for us to be able to sit down and recall the very words that Galen, or Celsus, or Laennec, or Cooper penned, and feel within ourselves the workings of their minds as the image of the printed word stimulates our own centres! Well may we exclaim with Prospero,

> My Library
> Was dukedom large enough.

For the upbuilding of this library we can all do something. There is no one who cannot contribute his mite towards the filling of the shelves. A mighty country has been built up to the south of us under the motto *e pluribus unum.* So with us, what one could not do all united can for a certainty accomplish. We can contribute our fees; we can give books; we can induce others to

give books, and we may be able to secure donations of money. One may be able to aid in one way, and another in another way; but the result will prove the truth of the Peace-Pipe song in Longfellow's Hiawatha:

> All your strength is in your union,
> All your danger is in discord;
> Therefore, be at peace henceforward
> And as brothers live together.

The question might well be asked why the medical profession is so proud of the past? The people of any nation are truly loyal and boast of their country in proportion to the numbers and greatness of the deeds which find a record in its history. The medical profession has a long and glorious history. There are no persecutions that can be charged against her. Through the long centuries she has been ever altruistic in the highest sense, seeking only the good of man, holding in her hand the olive branch, as she marched on her way under the guidance of the white-winged dove of peace. Her achievements have been freely given forth for the benefit of mankind; and these achievements are now many and great. The advances that have been made in anatomy, physiology, medicine, surgery, therapeutics, truly bear out the prediction of Hamlet when he said,

> There are more things in heaven and earth, Horatio,
> Than were dreamt of in your philosophy.

As we recall what has been done in preventive medicine; in the lengthening of human life; in the lessening of the sum total of human suffering, by the work of such men as Morgagni, Paré, Virchow, Hunter, Jenner, Lister, Harvey, Laennec, Reid, Laveran, Morton, Simpson, well might we exclaim with Miranda, as she listened to the wonderful story that fell from the lips of her father, "Your tale, sir, would cure deafness."

It is because of these achievements that we are proud of our profession; and, in proportion to the heritage left us by our fathers, so should our loyalty to that heritage be.

There is much to be done. We need a larger and better building, even than the one we are soon to occupy, for our meetings,

and we need a modern style of home for our valuable collection of books. The Academy has now a membership of about 320, and a lesser number, namely, three hundred, only were chosen by Gideon for his great task, and three hundred under Leonidas held the pass at Thermopylae. For such accommodation we must bend our energies; but, as Lowell tells us,

> Be men with Empires in your purpose
> And new eras in your brains.

I feel I can count on the cordial support of every member of this section, in whatever efforts may be put forth to make our meetings successful. You are all equal here, and you are all as welcome as you are equal. You can contribute papers; you can exhibit cases; you can take part in the discussions, or you can aid those who do these things by being present. It is sometimes well to remember the words of Carlyle, the Sage of Chelsea, that speech may only be silver, while silence is golden. Your presence is indeed of the greatest value.

As the to-morrows become to-day and pass into the yesterdays, let it be the desire of all of us that our Academy should fill an ever enlarging place in our thoughts. In the founding of our Academy we could well say with Ovid, *Felix faustumque sit,* happy and auspicious let it be. So, as time goes on, may we be able to look back and say of it, as Horace did of his beloved Mantua,

> Ill terrarum mihi praeter omnes
> Angulus Sidet.

For me that corner of the earth smiles more sweetly than all others.

Truly medicine has done more for man than any other branch of natural science. In the pursuit of our calling it behooves us never to forget that we are something very much higher than mere earners of a living. Mankind has ever been our debtor, for we have been lavish in our gifts. This should be our aim in the future. In the words of Holofernes, in Love's Labour's Lost, "These are begot in the ventricle of memory, nourished in the womb of *pia mater,* and delivered upon the mellowing of occasion." We are ever in search of the hidden

mysteries of disease and calling upon it to reveal its laws. In the words of Pope we can say,

> Happy the man, who, studying nature's laws,
> Through known effects can trace the secret cause.

We have worked through centuries to reach our present position. As Goethe in his Faust tells us,

> 'Tis thus at the roaring loom of time we ply,
> And weave for things the garment we see them by.

Yes, we are weaving at the roaring loom of time. What we do now shall throw its pendulum arc far into the future. Our subject is the study of man, whom Hamlet speaks of in these words, "What a piece of work is man! How noble in reason! How infinite in faculty! In form and moving how express and admirable! In action how like an angel! In apprehension how like a God!"

This, gentlemen, is our work, and let us live up to it.

THE LATE FLORENCE NIGHTINGALE

Florence Nightingale completed her 90th birthday in May last. Among her fast friends and admirers were three Sovereigns of her beloved country—Victoria, Edward VII. and George V. The whole civilized world knows and regrets that this great woman has passed away.

Although she had been an invalid for a long time, and was under the constant care of a physician, her death, which occurred August 13, was somewhat unexpected. We extract from a very interesting article which appeared in the *Montreal Gazette* the following items respecting the great work performed by Florence Nightingale:

Some years ago the surviving British officers of the Crimean war held a banquet in London. One of their number proposed they should take a vote on the question, "What name connected with that war will live longest in history?" When the ballots were counted, lo and behold! every vote was for a woman, and when the name of Florence Nightingale was announced as the unanimous selection of the grizzled veterans the banquet hall rang with approving cheers.

As the pioneer in the system of trained female nurses for war, and as the ministering angel who saved thousands of lives and eased untold sufferings, Florence Nightingale won immortality on the bloody fields of the Crimea. This is the more remarkable as she was reared in luxury, and came of a race of peculiar delicacy of taste. Her father was William Edward Shore, a banker of Sheffield. On inheriting the estate of a kinsman named Peter Nightingale, he was compelled by the terms of the will to assume the name of Nightingale.

BENEVOLENT AS A CHILD.

The family spent much time in Italy, and the second daughter was born in May, 1820, in the city of Florence, from which her name was borrowed. She was a precocious child, and early in life made great advancement in music, mathematics and languages. Happening to visit a hospital, the impressionable girl at once announced that nursing was to be her mission in

life, and she dropped her other studies to learn the art of caring for the sick.

Her parents took her to Egypt, but she turned from a life of idleness and pleasure to nurse sick Arabs in an hospital. On returning to London she ignored society to work in hospitals, where she laid the foundation of a practical training that proved of inestimable benefit to mankind for all subsequent time. In 1849 she went to Pastor Fliedner's school, conducted by the Protestant Sisters of Mercy, at Kaiserworth-on-the-Rhine, not far from Dusseldorf, and took a course of instruction in their methods of relieving distress. From Germany she went to France to examine various institutions in her chosen line of work.

Soon after her return to London she had an opportunity to undertake important work. Learning that the sanitarium for governesses was languishing for want of proper support, she volunteered her services free of cost. She also raised money for its support, and put it on a good financial basis, but impaired her health.

LEAVES FOR CRIMEA.

On October 21, 1854, she sailed with a band of 38 nurses—of whom 10 were Roman Catholic Sisters of Mercy and 14 members of an Anglican sisterhood—for Scutari. "I am naturally a very shy person," she says; certainly she had a keen horror of parade, and she started with her gallant band without public notice or farewell. At Boulogne, however, it became known that this company of ladies, with their uniform dark dress, were nurses on their way to the Crimea, and the white-capped fisherwomen of the place thronged round them and carried their luggage to the railroad station, scornfully refusing to let a man so much as touch an article.

The band of heroines reached Scutari on November 5, the very day of Inkerman. The great barrack hospital there was a huge quadrangle, a quarter of a mile on each face; its corridors, rising storey above storey, had a linear extent of four miles. The hospital, when the nurses landed, held 2,300 patients; no less than two miles, that is, of sick-beds—beds foul with every kind of vileness. The mattresses were strewn two deep in the corridors; the wards were rank with fever and cholera and the

odor of undressed wounds. And to this great army of the sick and the dying the wounded from Inkerman in a few hours were added, bringing the number up to 5,000. Into what Russell calls "the hell" of this great temple of pain and foulness moved the slight and delicate form of this English lady, with her band of nurses.

A MIGHTY TRANSFORMATION.

Instantly a new intelligence, instinct with pity, aflame with energy, fertile with womanly invention, swept through the hospital. Clumsily-made devices were dismissed, almost with a gesture, into space. Dirt became a crime; fresh air and clean linen, sweet food and soft hands a piety. A great kitchen was organized which provided well-cooked food for 1,000 men. Washing was a lost art in the hospital, but this band of women created, as with a breath, a great laundry, and a strange cleanliness crept along the walls and beds of the hospital. In their warfare with disease and pain these women showed a resolution as high as the men of their race showed against the grey-coated battalions of Inkerman or in the frozen trenches before Sebastopol.

Muddle-headed male routine was swept ruthlessly aside. If the commissariat failed to supply requisites, Florence Nightingale, who had great funds at her disposal, instantly provided them herself, and the heavy-footed officials found the swift feet of these women outrunning them in every path of help and pity. Only one flash of anger is reported to have broken the serene calm which served as a mask for the steel-like and resolute will of Florence Nightingale. Some stores had arrived from England; sick men were languishing for them. But routine required that they should be "inspected" by a board before being issued, and the board, moving with heavy-footed slowness, had not completed its work when night fell. The stores were, therefore, with official phlegm, locked up, and their use denied to the sick. Between the needs of hundreds of sick men and the comforts they required was the locked door, the symbol of red tape. Florence Nightingale called a couple of orderlies, walked to the door, and quietly ordered them to burst it open and the stores to be distributed!

It was, perhaps, in the operating-room that Florence Nightin-

gale showed in its highest form the mastery she obtained over the spirits of her soldier patients. This fragile English lady was known to toil for twenty hours continuously amid her band of nurses and her miles of patients.

The miracle wrought by this band of nurses—this entrance of woman into the hell of British hospitals in the East—is capable of being expressed in cold statistics. They found the death-rate in the great hospital at Scutari at 42 per cent.; they brought it down to 2 per cent.!

The Geneva Convention was held within ten years of Florence Nightingale's labors in the East, and now its red cross, gleaming on every modern battlefield since, is, in a sense, Florence Nightingale's monument.

All Europe rang with Miss Nightingale's praise at the close of the Crimean war, and all England was keenly excited to give her a triumphant reception on her return. With characteristic modesty, she evaded all demonstrations (though she could not but obey the summons to Windsor when the late Queen Victoria gave her the Cross of St. George), and, so long as health remained, she continued to devote herself to her self-imposed task of succoring the sick.

In December, 1907, it was announced that the King had been graciously pleased to confer on her the Order of Merit. She was the first woman to receive this eminent order, an order which includes only those who by signal achievement raise themselves to the very head of the class to which they belong.

LONGFELLOW'S TRIBUTE.

[It was the practice of Florence Nightingale to pay a last visit to the wards of the military hospital in the Crimea after the doctors and the other nurses had retired for the night. Bearing a light in her hand, she passed from bed to bed and from ward to ward, until she became known as "the Lady with the Lamp."] This led Longfellow to liken her to St. Filomena, whose emblems were a lamp, a palm, a lily and a spear. He wrote:

Whene'er a noble deed is wrought,
Whene'er is spoken a noble thought,
Our hearts, in glad surprise,
To higher levels rise.

The tidal wave of deeper souls
Into our inmost being rolls,
And lifts us unawares
Out of all meaner cares.

Honors to those whose words or deeds
Thus help us in our daily needs,
And by their overflow
Raise us from what is low!

Thus thought I, as by night I read
Of the great army of the dead,
The trenches cold and damp—
The starved and frozen camp—

The wounded from the battle-plain,
In dreary hospitals of pain,
The cheerless corridors,
The cold and stony floors.

Lo! in that house of misery
A lady with a lamp I see
Pass through the glimmering gloom
And flit from room to room.

And slow, as in a dream of bliss,
The speechless sufferer turns to kiss
Her shadow, as it falls
Upon the darkening walls.

As if a door in heaven should be,
Opened and then closed suddenly,
The vision came and went,
The light shone and was spent.

On England's annals, through the long
Hereafter of her speech and song,
That light its rays shall cast
From portals of the past.

A lady with a lamp shall stand
In the great history of the land,
A noble type of good,
Heroic womanhood.

Nor even shall be wanting here
The palm, the lily, and the spear,
The symbols that of yore
St. Filomena bore.

—*Canadian Practitioner and Review.*

Canadian Journal of Medicine and Surgery

Editor:
J. J. Cassidy, M.D.
45 Bloor St. E., Toronto

Managing Editor:
W. A. Young, M.D., L.R.C.P., Lond.
145 College St., Toronto

Surgery:
F. N. G. Starr, M.B., Toronto, Associate Professor of Clinical Surgery, Toronto University; Senior Surgical Assistant, Toronto General Hospital; Surgeon, Hospital for Sick Children, Toronto; N. A. Powell, M.D., C.M., Professor of Medical Jurisprudence, Toronto University; Senior Assistant in charge, Emergency Department, Toronto General Hospital.

Clinical Surgery:
Alex. Primrose, M.B., C.M., Edinburgh University; Associate Professor of Clinical Surgery, Toronto University; Secretary Medical Faculty, Toronto University; Surgeon Toronto General Hospital; and Herbert A. Bruce, M.D., F.R.C.S., Eng., Surgeon, Toronto General Hospital.

Orthopedic Surgery:
B. E. McKenzie, B.A., M.D., Toronto; Surgeon to the Toronto Orthopedic Hospital; ex-President of the American Orthopedic Association; and H. P. H. Galloway, M.D., Winnipeg, Man., Member of the American Orthopedic Association.

Physiology:
A. B. Eadie, M.D., Toronto.

Medical Jurisprudence and Toxicology:
Arthur Jukes Johnson, M.B., M.R.C.S., Eng., Coroner for the City of Toronto; Surgeon Toronto Railway Co., Toronto; W. A. Young, M.D., L.R.C.P., Lond., President of the American Medical Editors' Association; Associate Coroner, City of Toronto.

Physiotherapy:
Chas. R. Dickson, M.D., C.M., Queen's University; M.D., University of the City of New York; Electrologist Toronto General Hospital, Hospital for Sick Children and St. Michael's Hospital.

Pharmacology and Therapeutics:
A. J. Harrington, M.D., M.R.C.S., Eng., Toronto.

Pediatrics:
Allen Baines, M.D., Toronto; Associate Professor Pediatrics, University of Toronto; Physician, Hospital for Sick Children; A. R. Gordon, M.D., Toronto; Senior Medical Assistant, Toronto General Hospital; Helen MacMurchy, M.D., Toronto, Editor, The Canadian Nurse.

Dermatology:
D. King Smith, M.B., Tor., Toronto; Demonstrator in Pathology, Toronto General Hospital.

Medicine:
J. J. Cassidy, M.D., Toronto, ex-Member Ontario Provincial Board of Health; Consulting Surgeon, Toronto General Hospital; W. J. Wilson, M.D., Toronto, Physician, Toronto Western Hospital; and Dr. J. H. Elliott, ex-Medical Superintendent, Gravenhurst Sanatorium, Ont.; Associate Medicine and Clinical Medicine, University of Toronto; Senior Medical Assistant, St. Michael's Hospital.

Clinical Medicine:
Alexander McPhedran, M.D., Professor of Medicine and Clinical Medicine, Toronto University; Physician, Toronto General Hospital; Lewellys F. Barker, M.D., Professor of Medicine, Johns Hopkins University, Baltimore, Md. H. B. Anderson, M.D., Toronto; Associate Professor of Clinical Medicine, University of Toronto; Physician, St. Michael's Hospital.

Bacteriology:
J. G. Fitzgerald, M.D., Lecturer in Bacteriology, University of Toronto.

Mental and Nervous Diseases:
N. H. Beemer, M.D, Mimico Insane Asylum. Campbell Meyers, M.D., M.R.C.S., L.R.C.P. (London, Eng.), Private Hospital, Deer Park, Toronto.

Gynecology and Obstetrics:
Geo. T. McKeough, M.D., M.R.C.S., Eng., Chatham, Ont.; and C. F. Moore, M.D., Toronto.

Pathology:
W. H. Pepler, M.D., C.M., Surgeon Canadian Pacific R.R., Toronto; Junior Medical Assistant, St. Michael's Hospital; and J. J. MacKenzie, B.A., M.B., Professor of Pathology and Bacteriology, Toronto University Medical Faculty.

Ophthalmology:
J. M. MacCallum, M.D., Toronto, Senior Assistant Eye Department, Toronto General Hospital; Oculist and Aurist Victoria Hospital for Sick Children, Toronto.

Nose, Throat and Ear:
Perry G. Goldsmith, M.D., 84 Carlton St., Toronto, Laryngologist and Aurist, Provincial Institution for the Deaf and Dumb; Senior Assistant Ear, Nose and Throat Department, Toronto General Hospital.

Address all Communications, Correspondence, Books, Matter regarding Advertising, and make all Cheques, Drafts and Post-Office Orders payable to "The Canadian Journal of Medicine and Surgery," 145 College Street, Toronto, Canada.

Doctors will confer a favor by sending news, reports and papers of interest from any section of the country. Individual experience and theories are also solicited. Contributors must kindly remember that all papers, reports, correspondence, etc., *must be* in our hands by the first of the month previous to publication.

Reprints supplied Authors at Cost.

Editorials

THE HIGH COST OF LIVING CALLS FOR A RISE IN THE DOCTOR'S FEES.

The members of the medical profession in Canada, at least a good many of them, are much in the same predicament as were fifty-seven preachers in a Western State, who withdrew from the exercise of the ministry, because the salaries paid them ($500-$700) did not suffice to support a family. In pioneer days a preacher could manage to raise a family on that kind of a salary, but during the past fifteen years things have changed, and preachers, many of whom are university graduates, feel compelled, with reluctance no doubt, to forsake the harvest of souls for less congenial but more lucrative employments.

If members of the medical profession are unwilling to continue practising for the small amount of patronage received they are at liberty to leave the profession; but, unfortunately, there are others, of supposedly equal ability, ready to take their places. To make matters worse for physicians of any school—regular, homeopathic or eclectic—hygiene has cut the ground from beneath their feet. Then, the public do a vast amount of self-doctoring, and only call in a physician after the domestic therapeutic armamentarium has proved unavailing. Some of the public who are well-to-do, are members of the Christian Science church, others believe in a faith cure; but,

whatever their philosophy of life and happiness may be, both of these classes religiously shun the sons of Galen.

There is an ever-expanding horizon opening before the student of the medical sciences and medical literature, and, if the cultivation of science and literature provide a sufficient financial return, there is but little to complain of. Science herself is priceless; of herself a reward exceeding great. But, if the student of medicine is looking towards medicine as a desirable trade, he had better pass it by, and seek for more lucrative employment. Owing, besides, to the high level of scholarship, preliminary and professional, the great length of the curriculum, the difficult examinations, one would say that there ought to be a falling off in the number of medical students offering themselves for study, and, for the material reasons advanced here, it is desirable that this falling off should occur.

The sons of wealthy parents may study medicine and graduate as doctors, with no intention of practising, being satisfied with the intellectual training received. Perhaps, also, in a country where academic titles give some distinction, the title of doctor may be sought after, as it raises its owner a little above the common people. If medical graduates step into the arena to fight for a living they must be prepared for hard knocks and small pay. With higher pay in all classes of labor, trade or profession, it would be strange if physicians should be held to the fees current fifteen years ago. The pill will have to be sug-

ared to suit the popular taste; but demos knows as well as his doctor that the purchasing power of a dollar is not as great as it was fifteen years ago. Medical associations should take up this question and give to the outcome of their deliberations on the tariff the sanction of their united opinions, which will exercise more weight with patients than individual opinion. People naturally think that the doctor, who displays such mental activity in diagnosing obscure diseases, ought to recognize the signs of the times and appreciate the fact that a high cost of living necessitates a rise in the doctor's fees. J. J. C.

SEDIMENTATION PURIFIES THE WATER IN THE TORONTO WATERWORKS RESERVOIR.

It was announced, in prominent headlines, in the Toronto papers, towards the end of last September, that the draining of the Toronto waterworks reservoir had revealed at the bottom an enormous deposit of filth and a luxuriant crop of weeds. The odors given off by this mass of putrefaction were said to be of a pestilential character. Animated by curiosity, the writer visited the spot September 23rd, 3.30 p.m., and was surprised to see a number of people sitting on benches around the empty reservoir *taking the air*. It was a cool afternoon, the thermometer registering 63° F., but there was 84 per cent. of humidity in the air, and, most assuredly, if there had been any decaying organic substance, human or animal, at the bot-

tom of the reservoir the odors would have betrayed it. No distinguishable odor was perceptible and no weeds were visible at that time. The southern part of the bottom of the reservoir was covered with damaged cement; the northern half revealed broken stone, stained with slime; the sides of the reservoir, sloping from below upwards and outwards, were covered with broken stones, which just looked as though they had been covered with water for a considerable time.

This reservoir, which, when filled, holds 30,000,000 gallons of water, supplies chiefly that part of the city situated to the north of College Street and Carlton Street, the water being pumped to it from the general supply taken from Lake Ontario. The other parts of Toronto receive water from the general supply, which is pumped directly into the mains and is not allowed to rest in the reservoir. Rest in the reservoir is supposed to exert a beneficial effect on the water of Lake Ontario, which at certain times is turbid, and this opinion is, doubtless, correct.

For ten years, since the reservoir was last cleaned, enormous quantities of lake water have been pumped into it, and the water has cleaned itself by the process of sedimentation, the clarified water flowing down through the mains, the solid particles present in the crude water having sunk to the bottom. Sedimentation acts to only a slight extent in waters like river waters, which move swiftly; in still waters, as small lakes and ponds, this process goes on unobstructed. The Toronto reservoir may be compared to a small

lake, and sedimentation has had a good chance to operate there, for the water pumped to it was withdrawn gradually, according to the requirements of the northern part of the city.

During the past few years, there has been some talk of constructing a second reservoir on the escarpment in the northern part of Toronto, and, if crude lake water were to be supplied here for consumption in the future as in the past, a second, or even a third reservoir would be most useful. But when the new filtration plant will be in operation here, there will be no call for the natural process of sedimentation to clarify the Toronto water supply. For several years, however, the operation of the great law of sedimentation in the still waters of the Toronto reservoir has been beneficial to the health interests of Torontonians. As dust in a room sinks through the air to the floor, so do solids in still water drop slowly to the bottom of a tank. It is a pity we did not have several reservoirs during the past fifteen years. There would not then have been much occasion for an expensive system of water filtration. J. J. C.

MEDICINE AND RELIGIOUS HEALING.

When a physician hands to a patient a dose of medicine, of known therapeutic powers, or applies to the patient an agent which regularly accomplishes a definite effect, he is not surprised at the salutary results of his efforts. For instance, a dram of tincture of ergot swallowed by the patient and the irrigation of

her uterus with plenty of hot water suffice, in nearly all cases, to check a severe attack of post partum hemorrhage, due to uterine inertia. Similarly happy results are obtained in a number of cases of disease or injury in people of an ordinarily good physique, and, in such cases, the doctor's creed or lack of creed —be he believer, agnostic or atheist—exercises no influence on the curative result. Neither does the mental attitude of the patient contribute to the cure or failure to cure. A certain desirable something is called for in a given case, and the doctor who supplies that something quickly, safely and pleasantly demonstrates the healing power of rational medicine, wins the patient's gratitude, the admiration of the beholders and, let us hope, a substantial improvement in his own bank account.

The steady increase of functional disorders in a community, or a nation, is a sufficient explanation of the wear and tear of life. Medicine is confronted, to-day, with problems in disease, which cannot be solved with drugs or physical agencies, such as cold, heat, light and electricity. It is a strenuous age—only the fit remain at the firing line, and even then not for long. Work, physical or mental, is expected of everyone, even of millionaires. The workers must possess strength of body or mind, and lacking these, they must fall back and join the crowd of the unfit or unsound. Hence the filled hospitals, sanatoria, public and private, asylums and refuges of all sorts, where weaklings ask to be made strong and damaged people to be rehabilitated.

Medicine, backed by hygiene, makes herculean efforts to accomplish some of the tasks; for she can only overcome some of the defects engendered by bad heredity, idleness, self-indulgence—all the agencies that vice and wealth bring to the undoing of mind and body. Neither can she heal starvation or undo the ills of poverty. Her part is and always has been a noble one, and it is important to remember that God works His will largely by such natural means as medicine has borrowed from empiricism or invented by her own skill.

On the other hand, the efficacy of prayer in curing diseases is an undoubted fact, to which the testimony of men in all ages bears witness. Yet medicine and faith-healing will not join hands. Their ideals are different; their conjunction would jar the sense of fitness and savor of humbug. Let each play its own part to the best of its ability, and, truth to tell, there is plenty to do to-day for both of them. J. J. C.

MEDICAL COUNCIL ELECTIONS.

It is important that the Medical Profession bear in mind the fact that the time for receiving nominations for Representatives to The Medical Council of Ontario closes on the 14th inst., and that nomination papers must be in the hands of the Returning Officer for the Division by two o'clock p.m. on that date. The elections take place on December 5th next.

Perhaps never before in the history of The

Ontario Medical Council has as keen interest been taken in the elections, almost the entire profession feeling that it is "time for a change." From all accounts, the prospects are that there will be a considerable number of changes in our Representatives, not only perhaps in Toronto, but at many points throughout the Province. At the time of writing, Dr. Edmund E. King, who for many years has represented Territorial Division No. 11 (Toronto east of Yonge Street), will be opposed by Dr. J. J. Cassidy. So far it appears as if Dr. J. S. Hart, who represents West Toronto, will be returned by acclamation.

We trust that the electorate will rally together, and each do his part to assist in the many and much-needed reforms necessary to the welfare of The Ontario College of Physicians and Surgeons. We do not propose to go any further into this subject at this date, as we closed the discussion, so far as this Journal was concerned, two months ago. W. A. Y.

Oct. 11, 1910.

SHALL THE MEDICAL INSPECTORS OF TORONTO'S PUBLIC SCHOOLS TAKE ORDERS FROM SCHOOL NURSES?

MEDICAL affairs in this little Burg have assumed such proportions, and the adjustment of their various departments has become of such vital interest in the life of the community that one cannot look farther afield for a subject to scribble about. Alas for "The

Kings and Cabbages and other things" that must be neglected.

Medical Inspection of school children is of vital importance to our city, and that it should be properly and promptly carried on is indeed of supreme moment to all concerned.

Recently Dr. Helen MacMurchy was appointed medical inspector of the school girls and Dr. Wilmot Graham of the boys.

Already a little cloud has arisen, " no bigger than a man's hand," but that hand, perchance, may belong to a despot? The first part of the unpleasantness, a personal difference (a charge, we understand, of incivility on the part of Mr. J. L. Hughes, Chief Inspector of Public Schools, towards Dr. Helen MacMurchy), it is not within our province to discuss. We have never heard it mentioned by any one in Toronto that Chief Inspector Hughes posed as a gentleman of the Old School; the age is a materialistic one, and public idols too frequently " show their feet of clay." " Blessed are they who expect little, they often get less "—seems to be the current interpretation of one of the Beatitudes.

As a member of our profession, Dr. MacMurchy is entitled to the utmost courtesy. She has made a name for herself in our city and elsewhere, and in our ranks it was considered a lucky thing for Toronto that she was appointed Medical Inspector, because we know that she possesses the knowledge and the genius for hard work necessary to the duties of that position.

Now, may we discuss, impartially, the status of Medical Inspectors in our schools, only, however, as it relates to their position as graduates in medicine.

We were never aware, till recently, that physicians were ever expected to take instructions from nurses. Such, however, is the position in which Drs. MacMurchy and Graham now find themselves, unless they have self-respect enough to promptly step down and out. Soon after her appointment, Dr. MacMurchy wisely decided that she had better have her position more clearly defined by the Board of Education, and took exception to certain matters which she considered to be at variance with the regulations usually in force in connection with medical school inspection work in other large centres. In reading over a letter issued by The Chief Inspector, dated September 28th, 1910, and sent out to the Principals of our Public Schools, the following are quotations:

"Principals of schools will be required to send me a statement of the cases which, in their judgment, require attention in the different schools.

"These cases will, except in special cases, *be first investigated by the staff of nurses, and such cases as may be agreed upon, shall be treated by the nurses.**

"*Miss Rogers, Superintendent of Nurses, will report to me* daily the cases that should be attended to by the Medical Inspectors, and *I shall send* the names and addresses of the boys to Dr. Graham and of the girls to Dr. MacMurchy."

"Principals of all schools will report *to me* the names and addresses of children who are believed to

*Won't Detective Rose, of the Ontario Medical Council, please get busy?

be suffering from any physical condition or disease which ought to receive attention. All such cases *will be visited by the nurses* in the employ of the Board. *They will report to me such cases as, in their opinion, should be referred to the Medical Inspectors,* and I will send them to the Medical Inspectors."

It will therefore be noticed that the Sub-Committee, who were given charge of the regulations governing the Medical Inspectors (and one of them is a Toronto physician), in their wisdom (sic), saw fit to place two fully qualified medical practitioners *under the School Nurses,* from whom, it would appear from the correspondence, they are forced, forsooth, to take instructions. It is useless for this Committee to explain away the untenable position taken by them by saying that this was done to try and save the Medical Inspectors' time—What about the time that would be wasted with such red tape humbug, when the Nurses would have to meet with and be unable to diagnose a case of contagious disease? Under this extraordinary arrangement, Drs. MacMurchy and Graham (and we give ladies first place, as it would seem as if Dr. Graham had lacked backbone and preferred to cringe before the Committee) have to take second place to nurses, who, in their own sphere, may be beyond criticism, but have spent a paltry two years or so in training and have but a smattering of medical knowledge. The sub-committee evidently think that the followers of Florence Nightingale should be the judges as to the children in need of medical care, and the doctors, —well, where do they come in? Why employ physicians at all? How would Mr. John Ross Robertson,

than whom there is no kinder-hearted man to children in America, and to whom The Hospital for Sick Children stands as a Monument, like to place that institution entirely in the charge of his nurses and do away altogether with the Medical and Surgical Staff?

The situation, as far as the Medical Inspectors are concerned, is all wrong. It is exceedingly tactless for the sub-committee, and shows lack of executive ability on their part, to so mismanage the whole thing; but why expect anything different, when the Chief Inspector of Schools, whom they serve and seemingly toady to, is reported by some to be antagonistic to the whole movement.* It seems a crying shame that Medical Inspection of Schools should so soon be made to appear, in the eyes of the lay public, to be as yet an unsolved problem, when, on the other hand, it has an exceedingly bright future in store for it if supervised, as it should be, not by a Committee, but by The Local *Board of Health, to whom alone the Medical Inspectors shall be held responsible.*

Better have an understanding at the outset, and have the mistake rectified now. The Board of Education should first be certain that they have secured competent Medical Inspectors, and that those who have undertaken the work are anxious to do it. Then,

*Strange to say we noticed the other day in "The London Spectator" of October first, the following sentence, which appeared in a review of Dr. E. M. Stevens' "Medical Supervision in Schools" (published by Bailliere, Tindall and Cox). "In Toronto there is hostility to the whole system, though, according to figures furnished by the most active opponent, there is little need. One child in twelve is defective in vision, hearing or lung action, and this though Toronto is probably above the average in respect to health."

surely, the gentlemen composing the Board of Education would only be respecting themselves by showing respect to those whom they themselves have put in office. To put their officers under orders to a teacher or nurses is hardly a way of dignifying the office of Medical Inspector.

Ich dien is ever the watchword of the noble-hearted; but to serve is not to crawl, though that seems to be the Public School autocrat's version of service.

No woman, and few men, will ever "crawl," so in future it looks as if only Lizards need apply.

Oct. 17, 1910. W. A. Y.

N.B.—Since the above editorial went into type we notice from the daily press that, so hurt are the feelings of several members of the Board of Education at Dr. MacMurchy's desire to have Medical Inspection placed, as it should be, on a proper basis, she has been asked to resign. We trust that she will stand firm and refuse to do so, giving the Board the opportunity of formally dismissing her if they dare. We know that the Board of Education will ere long sincerely regret *their* action when it is too late to amend the irreparable damage *they* have done to Medical Inspection.

"As they watch the antics of some men,
No wonder the Gods on Mount Olympus
Get drunk with the wine of laughter."

THE NEW TORONTO GENERAL HOSPITAL.

THE architects in charge of The New Toronto General Hospital have evidently awakened after a long sleep. We notice, however, that at last work in earnest has been begun in connection with the building of our new million dollar hospital. It has been a matter for general remark during the summer months what a pity it was that so much of the summer had been allowed to elapse before any serious work was undertaken in the vacant lot on College Street. It is a pleasure, however, to notice that the site recently became a hive of workmen, getting the ground ready for the foundations of the Medical and Surgical wings on College Street and the Out-Patient and Emergency buildings on University Avenue. The lowest tender for the Out-Patient building and the Emergency building, with connecting passage, was $153,961.00. The estimated cost of those buildings amounts to $167,210.00.

The Out-Patient building, to be erected through the generosity of Mr. Cawthra Mulock, is going to cost $112,369.00. It is probable that only the foundations of this building will be put in this fall. It is to be called "The Cawthra Mulock Out-Patient Building." With regard to the Emergency Hospital, the report of the Plans Committee of the Board of Trustees says: "Your committee have been in conference with Dr. Powell, to whose good offices the Hospital is indebted for the interest of two ladies, one of them deceased, who by their wills have pro-

vided that the Trustees of The Toronto General Hospital should be residuary legatees of their estate, the money to be used for the erection, equipment and maintenance of an Emergency Hospital. The committee has had the benefit of the counsel of one of its members, Mr. Lash, as to the proper legal procedure in this matter, and a memo. prepared by Mr. Lash, with a resolution for the action of the Board, is herewith submitted. Your committee recommends that the architects be instructed to proceed with the construction of the Emergency building, the cost of the building to be met by the proceeds received from these bequests."

The lowest tender for the Medical building was $256,348.00. The Administration building will cost. according to the architect, $300,000.00.

Mr. J. C. Eaton has undertaken to assume the entire cost of the Surgical wing, which is estimated at $280,000.00. This is indeed a magnificent donation to the Hospital poor of Toronto.

Tenders amounting to over one million dollars have thus far been accepted.

We understand that the Trustees now intend using all possible dispatch in completing the plans and securing tenders for the remaining buildings.

The architects expect to have the Mulock building and Emergency building completed one year from date, and to have the Medical wing, the Surgical wing and the Administration building roofed in by the same date. Meantime, the Heat and Power building will be installed, so that the work on these three large

buildings may be proceeded with during the winter of 1911 and 1912. Two years from now these main buildings will be ready for occupancy.

We hope to see a great deal of work yet done in connection with the new Hospital before the winter sets in. W. A. Y.

TORONTO'S NEW MEDICAL HEALTH OFFICER.

At the meeting of The City Council, on October 10th, Dr. Charles J. O. Hastings was duly elected successor to Dr. Sheard, at a salary of five thousand dollars per annum.

Over and above Dr. Hastings, there were several other applicants for this office, including Dr. Goodchild, of Toronto, and Dr. Hill, of Minneapolis, Minn. Dr. Hastings, however, received the necessary majority of votes.

We congratulate Dr. Hastings upon his appointment, and feel sure that, if good, consistent work tells, Dr. Hastings will prove a successful Medical Health Officer. We feel, however, that he has no sinecure, as the position of Medical Health Officer for Toronto is not an easy one to fill. Dr. Hastings has a Herculean task before him, as, notwithstanding the fact that Dr. Sheard has been most successful during his occupancy of this important office, there are many things, especially in connection with The Isolation Hospital, that require careful attention. We wish Dr. Hastings every possible success in his

new sphere of duty, and we urge him strongly to be at all times fearless, for fortitude (and he will need it), valor and decision are characteristics that make for greatness, and the Health Officer, to serve Toronto's needs, must indeed be a man of many attributes.

The following "Open Letter to Dr. Chas. J. Hastings," clipped from *Toronto Weekly Star* of October 15th, contains some good, practical advice:

Dear Doctor,—I see you've won at last; they've made you M. H. O. But do not think your troubles past. Ah, no; Dear Doctor! For man was made to mourn, we read, and some were made to jeer; the latter specimens, indeed, are found in numbers here. The microbes you will have to fight not all in water dwell; they haunt the heads of men and blight full many with their spell.

Heed not the Microbe of Abuse, you'll hear it rage and tear. It seizes on the most obtuse, and makes their minds its lair. You'll see its victims rave and ramp and threaten and go mad. They'll fume and fuss and snarl and stamp and call you all things bad. Heed not. Just go about your biz, and let them have their say. Poor creatures! What a trial it is to be possessed that way.

Too many things to do, no doubt, to heed the Microbe Pull. 'Twould turn your office inside out. Just now the world is full of people who're possessed by it, and some will come to you. Just let them chatter. You've a bit of something else to do. So when an Alderman or Mayor, afflicted by this bug, comes sneaking on you unawares, just hit him with a jug. Yes, throw the inkstand, bunch of keys, or shoot him with a gun. He'll whisper: "Are there vacancies?" You biff him, and shout: "None!"

Beware the Microbe of Advice, insidious and fleet. Your dearest friends, *sans* cash, *sans* price, will lay it at your feet. You need no microscope to find this busy little brute. 'Twill compass you before, behind; attend you hand and foot. A thousand men who think they know the things they never kenned are willing that they should bestow their knowledge on some

friend. But when their plans are tried a bit, and prove a failure, WHO has got to take the blame for it? Why, you, Dear Doctor, YOU.

Some folks in other people's eyes can always find the motes. Just separate, if you are wise, the sheep germs from the goats. Be your own man. Be wise. Be firm. Say no when no's required, and do not heed the Fussy Germ who tells you you'll be fired.

Good luck, old friend. You know, I guess, that folks despise a Tool. Here is the secret of success: Stand pat. Be no man's fool.

W. A. Y.

Editorial Notes

A Cheerless Lookout for the Coming Generation of Doctors.

If preventive medicine continues to push forward as steadily in Canada, during the next twenty-eight years, as it has since 1882, the outlook for practitioners of medicine in 1938 will not be a cheerful one. If a disease can be prevented, what is the use of having a physician! None at all. The astonishing part of this outcome is that doctors, as sanitarians, are helping to dig the pitfall for the practising physicians. It may be that they believe that the slowly-moving reforms, now in view, will not mature in their own days, and that they themselves will escape the burden of non-support, which will be transmitted to their successors

Perhaps—and this is a more probable reason—the medical profession of to-day, being more scientific in its aims and practice than empirical, strives for the prevention of disease, instead of its cure. Without making pretensions to altruism, physicians strive to get, and frequently do secure, what altruists talk about or write about—the prevention of disease. And this aspect of modern medicine appears in the efforts of sanitary physicians and chemists, who advise legislative bodies to place on the statute books laws providing for the proper disposal of sewage, the maintenance of the purity of water supplies, the efficient ventilation of inhabited places, the conservation and preservation of foods, and the rest.

Is the World Going Mad?

In a book of reminiscences, published in London last year, Dr. Forbes Winslow expresses the opinion that the rate of progress towards lunacy in England and Wales is shockingly rapid He says: "In 1869, out of a population of 22,223,299, there

were 52,177 registered lunatics in England and Wales, there being one lunatic in every 418 of the total population, whereas, in 1909, out of a population of 35,756,915, the number of registered lunatics was 128,787, making, on the average, one lunatic in every 278 of the population. So that in forty years an enormous increase in lunacy is seen. Surely a dreadful future for the nation's still unborn to have to cope with!''

Dr. Winslow's prognostic is pessimistic in the extreme. Owing to the widespread operations of hygiene, and education during the past forty years in urban districts of England and Wales, boys and girls have reached adult life, who, under the sad conditions of poverty and exposure to contagious diseases prevalent fifty years ago, would have perished in their infancy or childhood. This saving of young life, often of inferior grade, coupled with a high birthrate, accounts for a steady increase of population in England and Wales, despite the depletion effected by emigration. The strong, the bold, the adventurous, the forceful, the resourceful—all whose intelligence outruns opportunity at home —have sought homes in other lands, leaving behind them, among the wealthy and well-placed ones of their generation, a residuum of the weak, the spiritless, the timid, the feeble and the resourceless. That insanity, or imbecility, should be high in a population thus depleted of its best elements is very probable, and this notion, which can easily be supported by statistics, helps to explain the increase in the insane population of England and Wales, during the past forty years.

It is not offered here, however, as a complete and sufficient explanation of Dr. Winslow's contention. There may be another reason to explain the large number of insane people registered in asylums. Even in a new and flourishing country like Ontario, where the general standard of well-being is high, the proportion of the insane to the sane in the population is increasing. One explanation of this regrettable phenomenon is that demented

patients who, forty years ago, would have been kept with their friends, are now, under similar conditions of mental aberration, committed to hospitals for the insane, and thus add to the number of registered lunatics.

The Action of Some Hemostatics on the Coagulation of the Blood.

In Policlinico, Vol. XVIII., M. 1910, P. Chiuffini gives the results of experiments he had made to determine the action of certain hemostatics on the coagulation of the blood. From an abstract published in Pathologica, 15 Settembre, we give the principal points of his paper. It appears that gelatine, which has not been subjected to sterilization, has the power of notably augmenting the coagulation of the blood, either by diminishing the minimum time in which the process is effected, or by accelerating its arrival.

A solution of gelatine, sterilized for half an hour in an autoclave, at 130°-135° C., completely lost the power to accelerate the process of coagulating the blood. When given per os, sterilized gelatine either does not cause any change in the coagulating power of the blood or one of small utility, owing to the impossibility of using it when occasion calls for a sudden and energetic use of the remedy.

The administration of clysters of 10 per cent. solutions of gelatine, sterilized for half an hour at 100° C., in quantities of 30 cc., divided into two parts, did not produce any change, being quite inactive in causing coagulation of the blood, at least during

Chloride of calcium, in doses such as are commonly used, was the first 7 to 8 hours after administration.
inactive or only slightly augmented coagulation in two experiments.

Perchloride of iron, administered per os, notably increased the coagulation of the blood, less, however, than unsterilized gelatine, administered hypodermically. This power is not pre-

served by the citrate of iron and ammonium, even when used hypodermically.

Ipecacuanha slightly increases coagulation,—the increase falls away in 24 hours, and is succeeded by a diminution of coagulation, greater than the mean observed before the administration of this remedy.

By making an artificial gelatine, composed of gum arabic and perchloride of iron, a mixture is got which, when used hypodermically, causes a notable increase in the coagulating power of the blood. This increase, while superior to that possessed by other hemostatics, is inferior to that induced by unsterilized gelatine given hypodermically. The increase of coagulation is, moreover, very persistent, remaining unchanged for 24 hours after the injection, while by the effect of gelatine the increase of coagulation of the blood is not so durable, as it presents a notable diminution after 24 hours.

When the solution of gum arabic and the solution of perchloride of iron were used separately, injecting each of them hypodermically, in the same doses, into two different dogs, only a very slight increase of coagulation of the blood was observed—an increase, moreover, which came about slowly in the case of the perchloride of iron, and which was not durable in the case of that salt, or in the case of the solution of gum arabic.

The Etiology of Leprosy.

The infection atrium of leprosy is still unknown, though researches prove that this disease is of extreme antiquity. Hansen thinks it probable, however, that the mouth and nasal cavities are the avenues of entrance. Sticker also regards the nasal mucous membrane as the primary focus, and finds in it constant and characteristic lesions. The bacillus leprae has been found on the floor and walls of houses in leper colonies, and also in the urine and even the milk of patients.

Marchoux and Bourret (Ann. de l'Institut Pasteur, Vol.

XXIII., No. 7) remark on this subject: "To undertake experiments in the transmission of leprosy, it is necessary to select an experimental animal. The chimpanzee would, perhaps, answer for this purpose, only that in our climates this animal does not live long enough to exhibit symptoms of infection." These authors incline to the opinion that leprosy is transmitted by some blood-sucking insect, which is the same wherever found.

They say, "An insect, which pricks a patient, may absorb the bacilli of Hansen, nourished in the vicinity of an active leproma, in some part of the body, at a time when the leper suffers from a febrile attack." They do not think that mosquitoes should be considered to be the agents of transporting the bacilli of Hansen.

Quite opposed to the opinion of Marchoux and Bourret is that which has been enunciated by John Atcherly in *The Med. Record,* Aug. 6, 1910. He contends that the bacilli of Hansen enter the body through the alimentary canal; that they are only found in the deep layers of the skin, which would indicate that they are not rubbed in from the outside. He considers that leprosy is the result of improper feeding, bearing a striking relation to diseases of the class including scurvy, pellagra and podagra, because (1) in every case the disease has its origin in the nature of the food ingested, and in food only; (2) skin lesions form prominent symptoms, and are very similar in the different diseases; (3) either the arterial walls themselves or the vasomotor nerves governing their calibre are impaired as to their action.

Briefly, Atcherly's theory of the origin of leprosy assumes the following: Leprosy is a chronic, diathetic disease, of gradual onset and irregular course, characterized by an inflammatory fibroid degeneration of the nerve tissue generally, which precedes the deposit of the lepra bacillus or any other manifestation of

the disease. The nerve degeneration is the direct consequence of defective pabulum supplied to it by the blood, which again is the result of improper food ingested by the individual. In regard to food in leprosy, the seabeach provides more appropriate conditions for developing this disease than any other locality. In these barren places the inhabitants must depend either on birds or animals they can kill, or entirely on sea products, such as fish, bivalves, crustaceans, seaweed and the one farinaceous food, which in Polynesia is arrowroot, and in Asia rice. Firewood being scarce, the arrowroot or rice, once boiled, is kept too long in a moist state and is apt to grow mouldy.

When leprosy is contracted by those who live among civilized people the choice of food becomes a matter of taste. There is a morbid taste for eating fish uncooked or even to eat part of the entrails as a delicacy. Oysters are eaten raw and the "beards" are included. In the case of ordinary fish the bones of the head are the favorite part. The food theory of leprosy explains how cases may be found at a great distance from the sea. It also explains why a leper improves when removed from the locality where he contracted the disease. J. J. C.

The Academy of Medicine, Toronto.

The Academy of Medicine, Toronto, was honored with the presence of Prof. Louis Wickham, of Paris, on September 30th. A special meeting was called by the Council of the Academy for that date, owing to Dr. Wickham's presence in Toronto as the guest of Dr. W. H. B. Aikins. Dr. Wickham has almost a world-wide reputation for his work in radium therapy, and the Academy honored itself by having him with them for one evening. The doctor delivered a splendid address on Radium Therapy, accompanied by a lantern slide demonstration, in the Physics Building of The University of Toronto, before a large audience. Dr. Wickham is chief of one of the departments of the radium laboratory at Paris. The doctor does not claim that, as yet,

radium is by any means a cure-all for that dread disease, cancer. He proved, however, beyond a doubt that radium can be made of material assistance to the surgeon in the treatment of many forms of malignant disease. He said that he personally knows of between two and three hundred cancers that have been permanently cured by this means.

Dr. Wickham has twice been made a Laureate of the French Academy of Medicine, and last summer, while attending the meeting of the British Medical Association, was presented to His Majesty King George and His Queen, Mary.

While in Toronto Dr. Wickham stayed with Dr. W. H. B. Aikins at his new residence on Bloor Street West. Dr. Aikins gave a reception in his honor on the evening of September 29th, and Dr. H. A. Bruce entertained at dinner on September 30th.

The first stated meeting of the Academy for the current winter took place in the main building of the University of Toronto on October 4th. It was expected that Dr. Pearce Bailey, of New York, would be present to read a paper on "The Treatment of Nervous Diseases." Dr. Bailey, however, found at the last moment that he could not get away and wired the President accordingly. Dr. A. A. MacDonald arranged to fill the gap with a discussion on "Infantile Paralysis," in which Drs. J. T. Fotheringham, Allen Baines and W. B. Thistle took part. The same evening the president delivered his Annual Address, and which we reproduce in this issue. This address is an admirable one, especially where it touches on the subject of Medical Expert Testimony. We heartily agree with Dr. MacDonald's contention that the time has arrived when some members of our profession shall cease to hold themselves up to ridicule in this connection, as illustrated in a recent case in the Toronto courts, where three reputable physicians went into the box and swore that an old man was absolutely *non compos mentis,* and three equally reputable alienists swore to the very opposite. Is it any wonder

that the public so often and in very truth state that "doctors differ?"

The medical section of the academy had its first meeting for the winter on Tuesday evening, October 11th, when the subject of "Infantile Paralysis" was discussed at length.

The same evening the fellows present had the great pleasure of hearing an address from Dr. William Hunter, of London, England, on the subject of Septic Anemias. Dr. Hunter's fame for his original research work has long ago reached Canada, so that it was with peculiar interest that the Academy welcomed him to its midst on Oct. 11th. Dr. Hunter laid great stress upon septic infection as being the principal cause of anemias, and impressed his hearers with the importance to be attached to antiseptic medicine, even more so than antisepsis in surgery.

Dr. John Ferguson, as Chairman of the Section on Medicine, read his address. This address we print in this issue. It will be found most interesting and instructive.

At the present date it is expected that Dr. Alfred Stengel, of Philadelphia, will address the Academy on November 1st.

The Committee on Papers have also arranged for such gentlemen as Dr. G. E. Armstrong, of Montreal, Dr. Harvey Cushing, of Baltimore and Dr. Reynold W. Wilcox, of New York, to address the Academy during the winter. W. A. Y.

Psychiatric Clinics.

As for some time past Dr. C. K. Clarke, the Medical Superintendent of The Ontario Hospital for the Insane, Queen Street West, Toronto, has felt that city practitioners would be glad to come into closer relations with many psychiatric problems, he has very wisely arranged for a series of clinics to be held at the Hospital for the Insane on Tuesday afternoons throughout October, November and December. We congratulate Dr. Clarke upon this move and feel sure that each Clinic will be taken advantage of by city practitioners who are keenly alive to the advantages

accruing from such special study. The programme for the coming winter is as follows:

Oct. 4th—General Conference with presentation of cases.
Oct. 11th—Dr. C. K. Clarke—General Paralysis of the Insane.
Oct. 18th—General Conference with presentation of cases.
Oct. 25th—Dr. Ernest Jones—The Nature and Origin of some Fears.
Nov. 1st—General Conference with presentation of cases.
Nov. 8th—Dr. Clarke—The Alcoholic Psychoses.
Nov. 15th—General Conference with presentation of cases.
Nov. 22nd—Dr. Ernest Jones—Psychogenesis.
Nov. 29th—General Conference with presentation of cases.
Dec. 6th—Dr. C. K. Clarke—Dementia Praecox.
Dec. 13th—General Conference with presentation of cases.
Dec. 20th—Dr. Ernest Jones—The Practical Value of the Association Test.

W. A. Y.

PERSONALS.

Dr. F. A. Clarkson has returned from an extended visit to the Continent.

Dr. J. Price-Brown has removed to his new offices, 28 College Street.

Dr. E. H. Greene, of Carlton Street, is building on Bloor St. W. and expects to move north next spring.

Dr. C. F. Moore has removed from Bellevue Avenue to 35 Spadina Road (a few doors north of Bloor Street).

Dr. W. J. Wilson and Mrs. Wilson, of College St., returned to Toronto, after a delightful sojourn in Italy and Switzerland, on October 20th.

Dr. L. L. Palmer has removed from Toronto to Grimsby, Ont., where he will reside permanently. Dr. Palmer has, we are glad to know, recovered from his recent illness.

Dr. Gilday, 90 College Street, died from cardiac trouble on October 20th. The doctor had just settled in practice a few months ago, having recently taken his English qualifications. He was 28 years of age and the son of Mr. Richard Gilday, Toronto.

Dr. G. G. Nasmith has been appointed chief of the bacteriological laboratory in connection with the Medical Health Department, City Hall, under the new Medical Health Officer, Dr. C. J. C. O. Hastings. Dr. Nasmith's salary will probably be $3,000 per annum.

We congratulate Mr. Irving H. Cameron, as also the Board of Trustees of Toronto General Hospital, on the result of the action entered against them by one Alfred Earl Booth. The learned judge completely vindicated both parties and gave costs against the plaintiff.

Dr. Perry Goldsmith, of Carlton Street, returned from England with the Queen's Own Regiment last month looking the picture of health. Dr. Fred. Winnett, who also went to England with the Q. O. R., is, we are glad to say, almost convalescent from his attack of typhoid fever, and will return to Toronto this month.

News of the Month

DOMINION PUBLIC HEALTH CONFERENCE.

The first session of the Dominion Public Health conference, at which were present the Federal and Provincial public health authorities and the members of the Committee on Public Health of the Commission of Conservation, was held at Ottawa on October 12th.

After a few introductory remarks by the Hon. Clifford Sifton, Chairman of the Commission, an address on "Pure Water and the Pollution of Waterways" was delivered by Dr. C. A. Hodgetts.

In considering the source of public water supplied, Dr. Hodgetts asserted that all waters could be classed under two heads: navigable and non-navigable. The second class was polluted by the drainage into them of sewage matter and factory wastes, while the first was, in addition, liable to contamination from the numerous vessels plying upon them. When the area draining into any source of water supply was wholly within the jurisdiction of one Province, the prevention of pollution was much easier to accomplish than when portions of it lay within the boundaries of another Province or another country.

Referring to diseases due to impure water, Dr. Hodgetts said: "It is generally conceded that a large percentage of all sickness happening in cities and towns is due to impurity of the water supply, sewage contaminated water being an important cause of diarrhœa, typhoid fever, cholera, and probably of a number of other diseases of which at present we cannot speak with certainty."

It was now almost the general rule, he stated, to consider that a continued typhoid death rate of over 20 per 100,000 of population was an indication that the public water supply was greatly at fault. Charts were used to show graphically that the typhoid death rate in the cities of Canada, in nearly every case, exceeded 20 per 100,000. Charts were also exhibited indicating the typhoid death rate in American cities along the Great Lakes and in

European countries. It is a significant fact that while Canada has a death rate from typhoid of 35.5 per 100,000, England and Wales, with its teeming millions and accompanying poverty, has a typhoid death rate of only 11.2; Germany of 7.6, and Scotland of only 6.2.

It was time that we were alive to our responsibilities and made haste to put our house in sanitary order. "Certain it is," he continued, "we are not doing it by our present methods and laws. It can, however, be done by efficient laws that we have not as yet seen fit to enact, the enforcement of which should, in the main, rest with some central, well-organized and wisely-administered Federal department, co-operating with each of the various Provincial Departments of Health."

The laws relating to pollution of water supplies and constitution of sewage systems in Canada and the United States were then reviewed and analyzed. The examination disclosed the fact that each Province, with the exception of New Brunswick, has placed in the hands of the Provincial health authorities certain powers with regard to the construction of sewerage systems and the proper disposal of the sewage.

"Many of these laws have been on the statute books for years. In some of the older Provinces they have been amended, apparently with the object of preventing the pollution of the waterways, and thus, in a measure, they present evidence of good intention on the part of the Legislature to protect the public.

"Personal experience leads me to express the opinion that, in the main, they are non-efficient; they look well on paper, but in practice municipal authorities do pretty much as they please, and as the powers of most Provincial boards of health are only advisory, they accept or reject the advice or recommendations of the board, just as they see fit. The Provincial laws, with the exception of Saskatchewan, lack all mandatory, restrictive, or corrective power."

"It is not contended," he said, "that the dangers at present existing in the various Provinces are identically the same, either in degree or in fact, but there exists the same underlying principles in that Provincial legislation alone will not solve the difficulties. It requires some other authority vise that of the Federal Government to deal with them, particularly those of an international character. It will be for the Commission of Conserva-

tion to investigate the various water sheds, collecting all available data with the assistance of the several Provincial and local health authorities, in order correctly to estimate the character, quantity and variety of the various pollutions at present existing, and to ascertain their exact point of discharge and their bearing upon the present sources of water supply of towns and cities, both near and remote from the point of discharge; and further, to consider and recommend ways and means for the abatement of these nuisances, having always in mind that the health of the citizens of this country is paramount, but remembering the necessity for the fostering of agriculture, and the development of manufactures.''

TRANSFERS OF ASYLUM MEDICAL OFFICERS.

Superintendent J. P. Downey, ex-M.P.P. for South Wellington, is to secure expert medical assistance in the conduct of the Orillia Asylum. Hon. W. J. Hanna, the Provincial Secretary, announced recently a series of changes in the Provincial asylum staffs, under which it is hoped the medical embroglio caused by the releasing of Dr. Beaton may be partially solved. The Minister proposes to transfer Dr. W. C. Herriman, Assistant Superintendent of the Toronto institution, to Orillia, creating for him the position of Medical Director. So far, so good—why, however, was Dr. Herriman not appointed at the first to succeed Dr. Beaton?

Other changes are announced, all to take effect on Nov. 1.

Dr. MacCallum, of Penetang, who has for many months past been anxious to retire from the service, resigned on the 17th June last, to take effect at the end of the present month. He is succeeded by Superintendent Wilson, of Cobourg.

Dr. Moher, of Brockville, is in turn transferred to the Cobourg institution, at the same salary as now carried at the Brockville institution.

Dr. Forster, who has been for many years in the service, and is the oldest of the Assistant Superintendents, is promoted to the position of Medical Superintendent at Brockville.

Dr. Rollins is appointed to the position of Assistant Superintendent at Mimico, and Dr. Clare, who is now at Mimico, to Dr. Herriman's position at Toronto.

There are other minor changes, practically all being in the way of promotion.

The Canadian Medical Exchange, conducted by Dr. Hamill, Medical Broker, 75 Yonge Street, Toronto, desires to say that at no time of the year are there so many buyers looking for medical practices as now, and would advise those contemplating selling out to list their practices with him at once. He also can give buyers without financial ability a list of villages without a doctor that desire one, and the territory in every case should warrant a practice of from $2,000 to $3,000 annually.

The Amalgamation of Two Independent Western Journals.—On January 1st next *The Kansas City Medical Index Lancet* will be merged with *The Medical Herald.* The combined journal will be under the editorial direction of Dr. Charles Wood Fassett, of St. Joseph, and Dr. S. Grover Burnett, of Kansas City. These two journals are two of the oldest independent medical magazines in the West, so that the amalgamation means a union of the influence and circulation of both publications. We wish the editors named every success.

The Toronto Orthopedic Hospital Clinics.—The surgical staff of the Toronto Orthopedic Hospital have arranged a series of clinics for the coming winter. The clinics will take place at 4.30 p.m. each Saturday during November, December, January and February. During November the subject to be taken up will be "Nervous Diseases," during December "Fractures," during January "Tuberculosis," and during February "Gynecology and Abdominal Surgery." On October 15th Dr. B. E. McKenzie, the Surgeon-in-Chief, read a very interesting paper on "Plaster of Paris in the Treatment of Fractures," and on October 22nd Dr. George S. Young discussed "Radiography—Its Uses, with Demonstrations." The medical profession are cordially invited to be present at the clinics.

ABSTRACTS

Acute Inflammations of the Middle Ear, and their Treatment

M. D. Lederman, New York, states the contributing causes to ear inflammations as mechanical, pathological, and constitutional. The inciting factors are pathological changes in the nose, nasopharynx, and faucial region; infectious diseases of childhood; lithemia, syphilis, tuberculosis, etc. Acute otitis is generally due to an infection finding its way from the nasopharynx. Treatment begins with a saline laxative, rest, hot applications for pain, antiseptic douches of the nasopharynx are in order, and incision of the drum when pus has formed. The same treatment, modified to suit the conditions, is applicable to the chronic inflammations.—*Medical Record.*

Some Remarks on the Treatment of Pellagra

Geo. M. Niles, Atlanta, Ga., thinks that we should not be pessimistic about the treatment of pellagra in view of the large number of cases that are being found in America. He thinks that it is of importance to prevent the use of any foods containing corn in any form. We should then make use of arsenic, since it has been shown to be an antidote to the toxins of spoiled maize. The types benefited by arsenic are those with marked marasmus, incipient paresis, sitiphobia, vague mania, and cases in the aged. It is useless in mental aberrations of some years' standing, systematized delusions, tuberculosis, albuminuria, and severe vertigo. The skin lesions may be relieved by bland ointments, avoidance of the sun; and the intense burning by mild bichloride solution, cold applications, and mercury. The author sounds an optimistic note regarding the therapeutic outlook for pellagra. In the last four months he has lost one case, five have been cured, and five are doing well.—*Medical Record*, September 10, 1910.

The Physician's Library

The Elements of the Science of Nutrition. By GRAHAM LUSK, Ph.D., S.C.D., F.R.S., Edin., Professor of Physiology at the Cornell University Medical School, New York City. Second Edition, revised and enlarged. Philadelphia and London: W. B. Saunders & Co. 1909.

This is an excellent work on a subject that is of the most vital importance. It is concise and yet exhaustive.

The chapters on Metabolism, Anemia and the conditions accompanied with fever, are very extensive.

"Food Requirements During the Period of Growth" is an excellent description of all that is required for the proper building up of the infant. In a subject that is attracting so much attention as this is, at this time, this last edition should be in the library of every general practitioner. A. J. J.

Hand-Book of Electro-Therapeutics. By WILLIAM JAMES DUGAN, M.D., Lecturer on Electro-Therapeutics at Jefferson Medical College, Philadelphia; Physician-in-Charge of the Electro-Therapeutic Department, and Assistant in the Out-Patient Neurological Department of Jefferson Hospital; Fellow of the American Electro-Therapeutic Association. With ninety-one illustrations. 242 pages. Philadelphia: F. A. Davis Company, publishers, 1910. Price, $2.00.

In the attempt to attain an object of somewhat doubtful utility, to wit the providing of a short-cut to knowledge, the author has succeeded in condensing a lot of information into a small space for the use of students and general practitioners who know little or nothing about electricity and electrical apparatus. The saying that "There is no royal road to knowledge" is especially true of electricity, and unless the general practitioner is prepared to devote serious attention to the subject he had better avoid fooling with it. Still, if he insists on imbibing electro-therapy in tabloid form, he will find much to digest in the volume, and will doubtless hope that its manifest inequalities may

be remedied in subsequent editions, even if some of the present matter has to be sacrificed.

On the other hand, the volume should be of considerable use to the student when taking a course of lectures on electro-therapy. C. R. D.

The Kingdom of Slender Swords. By Hallie Erminie Rives. Toronto: McLeod & Allen.

A delightful story of the Land of the Gods—Japan. If only for the word pictures, the beauty of which will long linger in the memory of the reader, the book is well worth reading and lingering over. One peep will allure "Here and there a pine thrust up its needled clump of green, or a cherry tree flung its pink pyrotechnics against the sky's flood of dimming blue and gold."

Vaccine Therapy and the Opsonic Method of Treatment. By R. W. Allen. Published by H. K. Lewis, Gower St., London.

The success of Dr. Allen's manual is shown by its having so quickly reached the third edition. He has brought this edition up-to-date and improved on former ones in many ways. There is a great mass of theoretical and practical information compressed into the 275 pages of this book.

"Opsonins"—their nature, the method of estimation, etc., all are clearly set forth. Directions for preparation of bacterial vaccines are given in satisfactory detail. The most valuable portion of Dr. Allen's work, so far as practical therapeutics are concerned, is found in his consideration of the various infections. He very properly adheres to a bacteriological classification and considers the various bacterial processes from the standpoint of the causative organism. Methods of diagnosis are given in each case, and directions for administration of the various vaccines, both with and without the opsonic index, as a guide. One of his best chapters is on tuberculosis, where he summarizes excellently modern methods of specific diagnosis and treatment. He speaks most favorably of tuberculin, especially so-called in surgical or localized tuberculosis. If Dr. Allen's work falls short in one thing it is that his discussion of the method of administration of vaccines is scarcely in sufficient detail to guide any one who

at least is not fairly conversant with bacteriological methods. This is a defect that could easily be remedied.

Notwithstanding, Dr. Allen's book is the most satisfactory yet produced on this new and important subject.

G. W. R.

Pye's Elementary Bandaging and Surgical Dressing, with directions concerning the immediate treatment of cases of emergency, for the use of dressers and nurses. Revised and partly rewritten by W. H. Clayton-Greene, B.A., M.B., B.C., F.R.C.S., Eng., assisted by V. Zachany Cope, B.A., M.D., F.R.C.S., Eng. 12th edition. Bristol: John Wright & Sons, Ltd.

This is an exceedingly useful little manual for students and nurses. It is divided into three sections, the first devoted to apparatus for restraint and supports, the second to the dressing of wounds, burns and scalds, and the third to the treatment of accidents and emergencies.

W. A. Y.

Personal Hygiene. By Walter Pyle, A.M., M.D. Published by W. B. Saunders Company, Philadelphia.

The fact that the above volume is in its fourth edition is evidence that it has won appreciation and rank above much of the medical literature published to-day for the use of laymen.

The individual lay citizen of the present decade, while much in advance of his forefathers in this respect, yet possesses a knowledge of personal hygiene that is woefully vague—that little knowledge that tends to morbid attitudes and dangerous cure-alls, rather than a sane outlook and common sense conduct of personal living.

The various chapters of the book are contributed by physicians and surgeons, each eminent in his special department of medicine. They write out of large professional experience. Their names and professional standing, prefacing the several chapters, give to the reader a guarantee of the scientific worth and reliability of every statement.

The book is divided into chapters dealing with hygiene of the digestive organs, vocal organs, the skin, eye, brain and nervous system; while physical exercise, body posture and domestic hygiene are ably discussed.

While written for the layman, the volume is of value to the profession, inasmuch as it gives many of the newer methods of thought and treatment. To the parents and householders it will prove a real book for the family library.

J. N. E. B.

Surgical After-Treatment; A Manual of the Conduct of Surgical Convalescence. By L. R. G. Crandon, A.M., M.D., Assistant in Surgery at Harvard Medical School, Assistant Visiting Surgeon to the Boston City Hospital, Consulting Surgeon Frost General Hospital. Octavo of 803 pages, with 265 original illustrations. Philadelphia and London: W. B. Saunders Co. 1910. Cloth, $6.00 net; half morocco, $7.50 net.

The first two chapters deal with the arrangement of the sick room, the posture of the patient, and the various symptoms which may occur after recovery from the anesthetic. Post-operative complications are then described at considerable length, together with the methods of treating them, and also various modes of artificial feeding, and the indications for their employment. The sequelae of special operations are afterwards considered. The book contains a chapter on therapeutic immunization and vaccine therapy, and includes a dosage table for the administration of the various vaccines. The large number of excellent illustrations which are included in the work add considerably to its value.

H. A. B.

The Mac's of '37: A Story of the Canadian Rebellion. By Price-Brown, author of "In the Van," etc. Toronto: McLeod & Allen, Publishers.

To Canadians, who, naturally, feel a deep interest in the history of their own country, the narrative of Mackenzie's rising in 1837, as given in Price-Brown's latest novel, will be of peculiar interest. We understand that the narrative of Mackenzie's flight and escape from Canada, after the fight at Eglinton, as given in the novel, is substantially correct.

The heroine, Marie MacAlpine, who is as good a rebel as any of the "Mac's of '37," discovers a characteristically feminine way out of her political entanglement, by marrying Captain Stuart of H.M.S. *Bulldog.*

J. J. C.

International Language and Science. London: Constable & Co., Ltd.

This volume is composed of seven brief essays on the various aspects of the necessity and the effect of adopting an international language. The standpoint of the authors is that of the scientist, and it is from the point of view of the advantages to science of such an international language that each of the writers treats his part of the general theme. Thus Prof. L. Pfaundler, of the University of Gratz, contributes the chapter on "The Need for a Common Scientific Language"; Prof. Lorenz, of the Federal Polytechnicum of Zurich, that on the "Délégation" for this purpose which was formed at Paris in 1900 as a result of the Paris Exposition. Prof. Jespersen, of the University of Copenhagen, writes on "Linguistic Principles." Other writers are from the Universities of Leipzig and Caen. The translation is an excellent one, by Prof. Donnan, of the University of Liverpool. No doubt, the learned writers prove their points, and yet we doubt if the universal language is anything but a vague theory. H. M'M.

Bier's Text-Book of Hyperemia, as applied in Medicine and Surgery. By Professor Dr. August Bier, of Berlin. Only authorized translation from the sixth German Revised Edition by Dr. Gustavus M. Blech, Professor of Clinical Surgery, Illinois Medical College; Dean and Professor of Surgery, Practitioners' School of Medicine; Surgeon-in-Chief Practitioners' Hospital, Chicago; Member American Medical Association, Association of Military Surgeons of the United States, etc. With thirty-nine illustrations. New York: Rebman Company, 1123 Broadway.

In this book Prof. August Bier has presented to the profession a work of no small importance. It gives in detail his method of systematically treating a large variety of cases with artificially produced hyperemia. The work is of distinct service in the cause of scientific medicine. It consists of about four hundred pages, divided into several sections. In the general section, the author deals with the artificial production of hyperemia, his apparatus for the treatment with hot air, the local and general influence of hot air baths on the body and hyperemia by dry cupping glasses.

He also devotes quite a number of pages to such subjects as the pain relieving effect of hyperemia, the bactericidal and bacteria-inhibiting effect of hyperemia and the nutritive effect of hyperemia. In the special section, the author goes fully into the treatment of acute inflammation and acute suppuration of the extremities with the congestion bandage, the disappearance of abscesses under congestion hyperemia, the surgical treatment of acute suppuration under congestion hyperemia, the treatment of suppurating large joints with the congestion bandage, the treatment of erysipelas, etc., etc. We can honestly recommend the work to medical readers, as we feel that the volume is worth a good deal more than the price charged by the publishers.

A Manual of Toxicology. A concise presentation of the principal facts relating to poisons, with detailed directions for the treatment of poisoning, also a table of doses of the principal and many new remedies. By Albert H. Brundage, A.M., M.D., Phar.D., M.S., Professor of Toxicology and Physiology in the Department of Medicine, Dentistry and Pharmacy of Marquette University; formerly President of the Board of Pharmacy of the State of New York and Examiner in Toxicology in same; Honorary Member of the Brooklyn (N.Y.) Medical Society; Life Member of the New York State Pharmaceutical Association; Member of the American Medical Association, the American Pharmaceutical Association, the American Microscopical Society, the American Association for the Advancement of Science, etc. Seventh edition, revised and profusely illustrated. New York: The Henry Harrison Co., 70 Linden Street, Brooklyn, New York. London: Baillière, Tindall & Cox, 8 Henrietta Street, Covent Garden. 1910.

The seventh edition of Dr. Brundage's Manual of Toxicology recently reached us. It certainly speaks well for any book that can run through as many editions in so short a time, it being only eighteen months or so since the sixth edition left the press room. We congratulate the author upon his success in having presented to the profession a book that must of necessity be exceedingly useful, not only to the average medical practitioner, but more particularly to the medical jurist. The seventh edition has been

revised throughout. The volume is most compact, and, as the title would indicate, is strictly manual in size. W. A. Y.

Common Disorders and Diseases of Childhood. By George Frederic Still, M.A., M.D. (Cantab), F.R.C.P. (Lond.), Professor of Diseases of Children, King's College, London; Physician for Diseases of Children, King's College Hospital; Physician to Out-Patients, Hospital for Sick Children, Great Ormonde Street; Honorary Member of the American Pediatric Society. Henry Frowde, Oxford University Press; Hodder & Stoughton, Warwick Sq., E. C. London; D. T. McAnish & Co., Toronto, publishers.

This volume is an exceedingly valuable addition to the literature at our disposal on the subject of diseases of childhood. In it is eliminated everything redundant and speculative. It impresses one as the work of a man of experience and of careful observation and study, even if the author were unknown. It perhaps strikes one as somewhat dogmatic, but it is the better for that. Much attention has been given to specific treatment, and altogether it is one of the best works on the subject we have.

A. R. G.

Nephrocolo-Ptosis; A Description of the Nephrocolic Ligament and Its Action in the Causation of Nephroptosis, with the Technic of the Operation of Nephrocolopexy, in which the Nephrocolic Ligament is Utilized to Immobilize both Kidney and Bowel. By H. W. Longyear, M.D., Professor of Gynecology and Abdominal Surgery, Detroit Post Graduate Medical School; Clinical Professor of Gynecology, Detroit College of Medicine; Gynecologist to Harper Hospital; Consulting Obstetrician to the Woman's Hospital; Ex-President of the American Association of Obstetricians and Gynecologists. With eighty-eight special illustrations and a colored frontispiece. St. Louis: C. V. Mosbe Company. 1910.

This volume of 250 pages is written for the purpose of elucidating the author's views with regard to the conditions obtaining in cases where there is ptosis of the kidney and large bowel. He describes a ligament called the nephrocolic, which extends from the colon on either side to the respective kidney, as

the principal positive factor in the etiology of nephroptosis. The treatment the author suggests is both mechanical, affording support to the displaced organs by a suitable abdominal belt, and operative. The later form of treatment is carried out with the object of shortening the ligamentous structures and in fixing the displaced organs in their normal position.

An interesting summary of 56 cases operated upon will be found of interest. The book presents a careful study of the whole subject, with many valuable suggestions as to the line of treatment which may be found useful in individual cases.

A. P.

A Text-Book of Medicine. By G. Dieulafoy, Professor of Clinical Medicine at the Faculté de Médecine de Paris; Physician to the Hotel Dieu; Membre de L'Académie de Médecine. Authorized English Translation from the Fifteenth Edition of "Manuel de Pathologie Interne," by V. E. Collins, M.D., Lond.; M.R.C.S., L.R.C.P., and J. A. Liebmann, Ph.D., M.A., LL.D. In two volumes. London: Bailliere, Tindall & Cox, 8 Henrietta Street, Covent Garden. 1910.

These two volumes represent the English translation of the fifteenth edition of "Manuel de Pathologie Interne," by Drs. V. E. Collins and J. A. Leibmann. The author of the work has been for years recognized as an authority on internal medicine, so that his reputation alone bespeaks for his "Text-Book of Medicine" confidenee on the part of the profession.

Volume I. is divided into three parts, covering in all about one thousand pages. Part one is devoted to "Diseases of the Respiratory System"; part two to "Diseases of the Circulatory System," and part three to "Diseases of the Digestive System." A chapter that has particularly interested us is that devoted to "Diseases of the Pleura," covering in all one hundred and twenty-five pages. In this ehapter the author takes up at length acute sero-fibrinous pleurisy, hemorrhagic pleurisy, traumatic pleurisy, hydrothorax, purulent pleurisy due to streptococci, purulent pneumococcal pleurisy, purulent pleurisies due to staphylococci, tubercular purulent pleurisy, aseptic puriform effusions, pulsating empyema, interlobar pleurisy, mediastinal pleurisy, diaphragmatic pleurisy, loculated pleurisy, syphilitic pleurisy, appendieular pleurisy, foetid pleurisy, putrid pleurisy

and gangrenous pleurisy. This chapter is alone worth the price of one volume.

We find Volume II. divided into nine parts, covering Diseases of the Nervous System, General and Infectious Diseases, Diseases of the Spleen, Pathology of the Blood, Rheumatic and Dystrophic Diseases, Parasitic Infection, Diseases Affecting the Locomotor System, Venereal Diseases, and The Intoxications. The section devoted to General and Infectious Diseases contains a good deal of valuable material, especially the chapter on Typhoid Fever. Those on Rheumatism and Gout are also worthy of perusal.

We heartily commend Dr. Dieulafoy's "Text-Book of Medicine as being one of the most recent and modern presentations of the subject of medicine.

The Practical Medicine Series. Vol. III., the Eye, Ear, Nose and Throat. By CASEY A. WOOD, M.D., ALBERT H. ANDREWS, M.D., and GUSTAVUS HEAD, M.D. Series 1910. Chicago: The Year Book Publishers, 40 Dearborn Street. $1.50.

This is volume III. of a series of ten volumes which appear yearly covering the whole range of medicine and surgery. They are intended principally for the general practitioner. If the other volumes of the series are of the same excellence as this the practitioner might well subscribe for the whole series at $10.

J. M.

The Practical Medicine Series. Comprising ten volumes on the year's progress in Medicine and Surgery. Under the general editorial charge of Gustavus P. Head, M.D., Professor of Laryngology and Rhinology, Chicago Post-Graduate Medical School; Charles L. Mix, A.M., M.D., Professor of Physical Diagnosis in the Northwestern University Medical School. Volume IV. *Gynecology.* Edited by Emilius C. Dudley, A.M., M.D., Professor of Gynecology, Northwestern University Medical School; Gynecologist to St. Luke's and Wesley Hospitals, Chicago, and C. von Bachellé, M.S., M.D., Assistant Professor of Obstetrics, Chicago Policlinic and College of Physicians and Surgeons; Gynecologist to the German Hospital, Chicago. Series 1910. Chicago: The Yearbook Publishers, 40 Dearborn Street.

This volume is perhaps one of the most practical published by the Yearbook Publishers in many years. It is a complete digest of the year's work in gynecology and should be found of very considerable value to not only medical practitioners but fourth year students as well. We take this opportunity of complimenting the publishers upon the steady improvement in the matter offered the profession from year to year.

The After-Treatment of Operations. By P. Lockhart Mummory, F.R.C.S. (Eng.), B.A., M.B., B.C. (Cantab.). Sen. Assistant-Surgeon, St. Mark's Hospital for Fistula and other Diseases of the Rectum, and to the Queen's Hospital for Children, London; Jacksonian Prizeman, and Late Hunterian Professor, Royal College of Surgeons. Baillière, Tindall & Cox, 8 Henrietta St., Covent Garden, London, Publishers.

This small volume is full of practical advice, and gives special attention to details, which so largely determine the perfect success of the surgeon's work, and should be of great help to the surgeon and general practitioner. It is replete with many original and practical suggestions of merit. A. R. G.

The Sexual Life of Woman, in its Physiological, Pathological and Hygienic Aspects. By E. Heinrich Kisch, M.D., Professor of the German Medical Faculty of the University of Prague; Physician to the Hospital of Spa and Marienbad; Member of the Board of Health, Etc., Etc. Only authorized translation into the English language from the German, by M. Eden Paul, M.D. With 97 illustrations in the text. New York: Rebman Company, 1123 Broadway.

The writer of this volume has evidently made this subject a life's work, and he handles it from a standpoint which, to a great many readers, must be new.

The physiological and pathological conditions, together with anatomical changes which take place at various periods in the life of every woman, are dealt with under three heads: The Menarche, The Menacme, The Menopause.

The book is most exhaustive, and the illustrations are very extensive. It is not a book for the public, nor perhaps is it a book that would be of much value to the young practitioner. It is

of value particularly to those general practitioners who come in contact every day with a variety of conditions depending upon the changes, both physical and mental, which affect many of their patients.

Although there are a great many authorities quoted, perhaps the great charm of this book is that there is so much in it that is the result of actual experience, the experience of a man who has been in touch with all the best writers on this subject, and who himself has been keenly alive to the possibilities connected with it. To the gynecologist particularly, this book will be not only interesting, but very valuable.

The book is handsomely gotten up, printed on excellent paper, and is not too large, although containing nearly seven hundred pages, to be easily handled by any reader. A. J. J.

An Epitome of Diagnosis and Treatment of Nervous Diseases, including Bromide Therapy. By HENRY IRVING BERGER, M.D. Published by the Peacock Chemical Company, St. Louis, U.S.A. 1910.

This pamphlet has been published by the Peacock Chemical Company of St. Louis, and, though it will interest neurologists perhaps more than the average practitioner, will be found to contain a lot of information that will be found useful to the profession at large.

Medical Electricity and Roentgen Rays, with chapters on photo-therapy and radium. By SINCLAIR TOUSEY, A.M., M.D., Consulting Surgeon to St. Bartholomew's Clinic, New York City. Octavo of 1,116 pages, with 750 illustrations, 16 in colors. Philadelphia and London: W. B. Saunders Company. 1910. Canadian agents, The J. F. Hartz Co., Ltd., Toronto. Cloth, $7.00 net; half morocco, $8.50 net.

A careful perusal of this handsome volume should convince the most sceptical that the progress made by medical electricity in recent years has been truly marvellous, and that the literature upon this subject of ever-increasing interest and importance will compare most favorably with that on any other branch of medicine or surgery.

The whole range of electrotherapy has been dealt with in a

scientific manner and most exhaustively, yet unnecessary verbiage has been sedulously avoided, and the result is a readable and most useful contribution to this field, more particularly as the author is decidedly conservative in his views and makes no undue claims as to the applicability and curative powers of electricity. This is very noticeable in the chapters on high-frequency and radium.

Altogether the volume is a welcome addition to the bibliography of physical therapeutics. C. R. D.

The Essentials of Materia Medica and Therapeutics for Nurses. By JOHN FOOTE, M.D., Assistant Professor of Materia Medica and Therapeutics, Georgetown University School of Medicine; Instructor in Materia Medica and Therapeutics, Providence Hospital Training School for Nurses. Philadelphia and London: The J. B. Lippincott Company. 1910.

As stated in the preface, this small work by Dr. Foote "is intended to simplify the study of therapeutics for nurses." After glancing over the book we feel that it should be of very material assistance to nurses, not only during their period of probation, but also during after years. The author has wisely limited the number of important remedies to be studied and has also appended a reference list to cover the other frequently used drugs and preparations.

The book is divided into six parts and deals with such subjects as "Definitions, Weights and Dosage," "How Medicines Act," "Important Drugs and Medicines," "Hypodermatic and Rectal Medications," "A Reference List of Commonly Used Drugs" and "Therapeutic Definitions."

The book is a useful one and should be good investment for any nurse.

Messrs. Bailliere, Tindall & Cox announce the following for publication this month:

An English translation of Professor Dieulafoy's well-known *Textbook of Medicine* (pathologic interne), by V. E. Collins, M.D., and J. A. Liebmann, M.D.; *Diseases of the Ear,* by Dr. A. A. Gray, containing numerous original illustrations, many of which are stereoscopic; an eighth edition of Sir William

Whitla's *Pharmacy, Materia Medica and Therapeutics; An Introduction to the Study of Hypnotism,* by Dr. Hugh Wingfield, and *Nursery Hygiene,* by Dr. M. Feldman.

In addition to the above, the same firm hope to publish during June several other important works, including *Accidents in Their Medico-Legal Aspects,* by Douglas Knocker, which will be an exhaustive work on the new Employers' Liability Act; *Medical Inspection of School Children,* by Dr. R. M. Stevens—the result of his investigations in England, Canada, Germany and the United States as commissioner for Australia; *Syphilis and Its Treatment,* by Colonel F. J. Lambkin, F.A.M.C., and a second edition of *Military Hygiene,* by Colonel R. Caldwell, F.A.M.C.

The Pathology of the Living and Other Essays. By B. G. A. Moynihan, M.S. (London), F.R.C.S., Honorary Surgeon to Leeds General Infirmary; Professor of Clinical Surgery at the University of Leeds, England. 12mo. of 260 pages. Philadelphia and London: W. B. Saunders Company. 1910. Cloth, $2.00 net. Canadian Agents: The J. F. Hartz Co., Ltd., Toronto.

This volume of 250 pages will be found of great interest and value. As the name suggests, it is an attempt to study pathological conditions as they present themselves in the living subject, and the author's aim is to urge that, in view of the large number of operations carried out in various fields, chiefly in the abdomen, there is ample opportunity for observing pathological processes which may present peculiarities in the living subject such as are not recognizable in the cadaver. The author asserts that, "in almost every particular the value of evidence obtained from the living outweighs that which is disclosed upon the post-mortem table."

It is not necessary to review this work in detail, but simply to state that in the various essays he discusses such subjects as the conditions found before and after gastro-enterostomy, cancer of the stomach, the surgery of the bile passages, and malignant disease of the large intestine and rectum.

The volume is not only full of the author's observations on pathological conditions in the living subject, but he has utilized

these observations to guide him in suggesting many points in technique which will be of value to the practical surgeon

A. P.

An Introduction to the Study of Hypnotism, Experimental and Therapeutic. By H. E. Wingfield, M.A., M.D., B.C. (Cantab.), Consulting Physician, Royal Hants County Hospital; formerly Demonstrator of Physiology in Cambridge University. London: Bailliere, Tindall & Cox, 8 Henrietta St., Covent Garden. 1910.

This volume is a clear exponent of the elements of hypnotism. It makes interesting reading for physician and layman alike, whether they intend delving deeper into the subject or not.

It is astonishing what erroneous ideas one has of this therapeutic agent before reading a work like this.

The author has evidently made a lifetime study of hypnotism and uses it with much precaution and precision. From his reports of cases we should judge that his results have been excellent, often effecting complete recovery when all else failed. Dr. Wingfield is very simple in his methods of inducing hypnosis, most of his suggestions being carried out under the first degree. Some of his cures read like weird, fascinating anecdotes.

We thoroughly enjoyed perusing this book and can confidently recommend it to the profession. W. H. P.

A Laboratory Text-Book of Embryology. By Charles Sedgwick Wimot, LL.D. (Yale and Toronto), D.Sc. (Oxford), James Stillman, Professor of Comparative Anatomy in the Harvard Medical School. Second Edition. Revised, with 262 illustrations, chiefly original. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut St. 1910. Price, $3.50 net.

The first volume of this valuable work was written for students taking a practical laboratory course in embryology. Like all other laboratory text-books it is intended to aid the student in the work of making observations for himself, by showing him how to repeat and use the same methods by which the science of embryology has been produced.

In the first volume the author's success in his efforts along

these lines was pronounced. In the second edition he has tried to make the work still more useful and valuable to the student. Several chapters have been rearranged and expanded by the addition of new matter. Some of the illustrations in the first volume have been replaced by new and improved ones, and the total number of illustrations has been increased from 218 to 262.

This is the best laboratory text-book we have on embryology, and the popularity of the second edition is sure to exceed even that of the first.

Diseases of the Eye. By G. E. DeSchweinitz, A.M., M.D., Professor of Ophthalmology in the University of Pennsylvania, and Ophthalmic Surgeon to the University Hospital, Philadelphia Hospital, etc. 351 illustrations and seven chromo lithographic plates. Sixth edition. Philadelphia: W. B. Saunders & Co.

This well-known handbook appears revised to date with a wealth of new material. The progress made in operative treatment by Herbert, Lagrange and others has necessitated a rewriting of the chapter on glaucoma and a description of their operations. Our knowledge of optic neuritis has greatly increased. This subject, so interesting to every practitioner, is fully dealt with. The removal of cataract within its capsule, still a debated point on this continent, is considered in detail. The advances in serum therapy and its relation to ocular disease have not been overlooked. This text-book is nothing if not up-to-date.

J. M.

The firm of P. Blakiston's Son & Company, the well-known publishers of Philadelphia, expect to have ready this month the third edition of "Treatment of Disease" by Reynold Webb Wilcox, M.A., M.D., LL.D. This book has been very thoroughly revised and brought up to date, and will contain something over one thousand pages. The price will remain the same as for the previous edition, namely, $6.00 in cloth. The firm will also publish during November a book on "The Diseases of China, including Formosa and Korea," by W. Hamilton Jeffreys, A.M., M.D., Medical Missionary in China, and James L. Maxwell, M.D., Medical Missionary in Formosa. It will be the most complete work ever published on this subject, and will contain a number

of colored plates, 11 nosogeographical maps and over 300 illustrations in the text. It will be issued in a handsome octavo volume of about 750 pages. The price of this book will probably be $6.00.

John Sanderson the First. By CAMILLA SANDERSON. Toronto: William Briggs. 1910.

As many physicians in Toronto can trace their birthplace back to a Methodist parsonage, this little book will doubtless, to them, prove quietly amusing and refreshing in its simplicity and sincerity—a story of the outgoing and incoming of "the Minister" and his family.

Diseases of Infancy and Childhood: Their Dietetic, Hygienic and Medical Treatment. A text-book designed for practitioners and students in medicine. By LOUIS FISCHER, M.D., Attending Physician to the Willard Parker and Riverside Hospitals of New York City, Attending Pediatrist to the Sydenham Hospital, former Instructor in Diseases of Children at the New York Post Graduate Medical School and Hospital, etc., etc.; Fellow of the New York Academy of Medicine. Second edition. With three hundred and three illustrations, several in colors, and twenty-seven full-page half-tone and color plates. Philadelphia: The F. A. Davis Company, publishers. 1908.

Within six months we had the pleasure of reviewing the first edition of this extensive work, and now we are called upon to criticise another edition, which augurs well for its utility.

Although the book has not been enlarged, yet we find it revised in various ways. Some articles have been elaborated; for example, in the treatment of nephritis the salt-free diet has been added.

In the article on tuberculosis some changes were made and a description of an aid to the diagnosis by means of tuberculin inoculation is an interesting and useful addition.

An entirely new article on hypertrophic pyloric stenosis has been written.

Some unnecessary parts have been omitted on suggestion of various reviewers to make room for more important matter.

The new edition will no doubt meet with the same favor as its predecessor.

AN INVALID'S DRINK*

Medical practitioners will find that Grape Juice is as palatable a drink, especially for fever patients, as can be used. One of the best forms in which it can be administered to the patient is to add to two tablespoonfuls of Grape Juice the beaten white of one egg, with a little chopped ice and sugar sprinkled over the top. This will be found most agreeable, not only to fever patients, but to those suffering from many gastric affections. In order to make this drink particularly palatable for invalids, it is necessary that a Grape Juice of known reliability be used. Such a Grape Juice is that bottled by E. D. Smith, of Winona, every bottle being guaranteed to be the pure expressed juice of the grape, free of all adulterants. *Mr. E. D. Smith guarantees the absolute purity of his Grape Juice,* as also the quality of all grapes used. Every bottle will be found to be of *uniform excellence.* Another exceedingly palatable beverage for the use of the sick is a combination of the juice of three lemons and one orange added to one pint of E. D. Smith's Grape Juice, one quart of water and one cup of sugar. This should be served cold. Smith's Grape Juice is not only nourishing, but contains sufficient stimulating properties to be found valuable in the treatment of many cases. The manufacturer invites medical practitioners to prove for themselves what he states as to his product.

*Publisher's Department.

The Canadian Journal of Medicine and Surgery

A Journal published monthly in the interests of Medicine and Surgery

Vol. XXVIII TORONTO, DECEMBER, 1910 No. 6

Original Contributions

THE MEDICAL MAN AS A WITNESS*

THE HONOURABLE MR. JUSTICE WILLIAM RENWICK RIDDELL,
King's Bench Division, High Court of Justice for Ontario.

Some years ago, while yet at the Bar, I prepared for the students in Medicine of the University of Toronto a series of lectures upon "The Doctor in Court," in which I dealt with the medical man as judge, as plaintiff, as defendant and as witness. In the summer of 1903, the officers of the Ontario Medical Association asked me to address that body upon "The Medical Expert as Witness," and I gladly acceded to their request. My address, based as it was upon one of the lectures to the medical students, was given without manuscript or notes, and was really conversational. The stenographer of the Association reported the address; and it appeared in some of the medical journals of Toronto. I had no opportunity of revising the transcript and never saw the address in print until the present year.

When I was asked to address this body on the subject of "The Medical Man as a Witness," I re-read my former remarks and find there opinions to which I adhere, and that what I am reported to have said, discursive as it is, covers much of what I should like to say to-night. It must, of course, not be

*Read before Section of Medicine Academy of Medicine, Nov. 8, 1910.

forgotten that this evening I am addressing an Academy—and ever since the philosopher and his disciples walked in

> the olive grove of Academe
> Plato's retirement, where the Attic bird
> Trills her thick-warbled notes the summer long,

the word Academy or its correlative in other tongues has carried with it the connotation of stateliness and dignity, and not alone true science—although indeed Horace bids "*Inter silvas Academi quaerere verum.*" I must be more formal in speaking to this select few than on the former occasion when addressing the many-headed multitude—noblesse oblige.

But I am sure you will not complain if you find a repetition at this time of something already said, either at the meeting of the Ontario Medical Association or at other times—I am making no pretence of originality.

You will, also, not be offended if I speak didactically and not argumentatively. "If I am to listen to the opinion of another," says Goethe, "it must be definitely expressed. Of the problematical, I have enough in myself."

The witness appears in a court—what is a court?

Man is a social animal; and so soon as in the course of evolution he became such, it was imperative that his conduct should be governed by rule of some kind—in short, by law. Obedience to law must needs be considered right: disobedience, wrong, a sin—for wrong and sin were at first all one, "when wild in woods the noble savage ran," as the poet says with unconscious irony.

If a man conceived his rights to have been trenched upon, only two courses might be open. If the force of public opinion (and no civilized man can wholly appreciate the tremendous power of public opinion in a primitive community) should not prove effective to restore him to his rights or to bring about adequate compensation, he might be obliged to avenge his wrongs if he could by his own strong right hand. That is the case when

> "the good old rule
> Sufficeth them, the simple plan,
> That they should take who have the power,
> And they should keep who can."

This is anarchy—"in those days there was no King in Israel, but every man did that which was right in his own eyes."

The other method is the submission of the determination and enforcement of rights to some tribunal—and that tribunal under whatever name it may be known, is in substance a court.

A court is organized and sustained to enforce the law; the law is composed of such rules of conduct as the community think it worth while to endeavor to compel obedience to—whether these rules of conduct come down from the forefathers or are prescribed by contemporary authority. The law is made effective by various sanctions, so that the violator shall pay in "meal or malt," in person or pocket.

A court may be called upon but to determine the law; that is, it may be that there is no dispute as to the facts and the sole question is, "granted that the facts are so, what rights does the law give to the contending parties?" But this is a rare ocurrence in any court at which a medical man is likely to appear: the cases are by far more numerous in which the real dispute is "what are the facts?" not "what is the law?"—while most cases are contested both on the law and the facts.

It is the latter controversy only, *i.e.*, on facts, in which the witness plays any part.

In our system questions of law are for the judge alone; and with them the jury has nothing to do.

Questions of fact are determined either by a judge or by a jury. In certain classes of cases these questions must be determined by a judge unless the judge directs them to be brought before the jury—in certain other classes they must be determined by a jury if either party desires it—in most cases the determination may be by judge or jury. In this last-mentioned class, if either party wishes a jury, he serves a jury notice; but even then, the judge has the power of dispensing with a jury and trying the facts himself. Perhaps most civil cases are now tried without a jury by a judge alone. In the High Court and at the Sessions, criminal cases are tried by a jury. But whether civil or criminal, and whether tried by judge or jury, the rules are the same.

Certain matters need not be proved, *e.g.*, matters of common knowledge, that the week is seven days, the ordinary year, 365 days—that water runs down hill and smoke ascends—that per-

sons driving when they meet should turn out to the right—and, generally, things everyone ought to know. The judge, too, takes judicial cognizance of the facts of mathematical and natural science and of the laws he is administering.

Outside of such matters and the like, at the present time the jury (I use this word to indicate not only the jury proper, but also the judge sitting to try facts as a jury) must find the facts from the evidence. Centuries ago this was not so; jurors then were taken from the neighborhood of the *locus* of the facts to be tried; and they determined the facts from their own knowledge. Now, however, the very reverse is the case; jurymen are not permitted to utilize their own knowledge at all—they must "find a verdict according to the evidence"—if they have any knowledge of the facts they must, to make that knowledge available, take their place in the witness box and state the facts under oath as any other witness.

Evidence is (1) documentary; or (2) by witnesses. I need not speak of the former, but pass at once to evidence given by witnesses.

There are two classes of witnesses—the ordinary witness and the skilled or expert witness. The former is allowed to speak only of facts within his knowledge: being sometimes allowed to refresh his memory by the use of a written memorandum or entry in a book. He may not express his own belief or opinion except on some particular subjects where positive and direct testimony may be unattainable, as for example, the identity of persons and things, the genuineness of disputed writing, whether two persons are attached to each other, and the like.

Where, however, on questions of science, art or trade, persons skilled in the particular branch of science, art or trade are called upon not only to testify to facts, but also to give their opinions, they are called skilled witnesses, or more commonly "expert witnesses." So far as their evidence is as to the existence or non-existence of facts which can be conclusively established or demonstrated, it is not generally called expert evidence —that name being given to the opinions expressed by them as distinguished from the facts upon which such opinions may be based. Indeed it is by no means uncommon for an expert witness

to sit in court and hear the evidence given by others as to facts, and then give his opinion upon the facts so evidenced.

The old jibe, that "there are three kinds of liar—the liar, the d—d liar and the expert witness," had its origin and derives its vogue from this kind of expert evidence, *i.e.*, opinion evidence. And it must be conceded that most of its popularity is due to the performances of medical witnesses.

It is not wholly unjust. There is—there can be—no doubt that the extraordinary antics of some called as medical experts are in many cases a disgrace to the medical profession—and that it is hard to reconcile their conduct with any other theory than that they are in the category of superlative liars—that they are worse than even "adjective" liars.

But too much should not be made of mere differences of opinion. "Doctors differ"; but it is not Doctors of Medicine alone—Doctors of Law are quite as irreconcilable in their views; while I presume it would be hard to find two Doctors of Divinity who agreed on all points. And Doctors of Medicine have much more reason—"excuse" is not the right word here—than these or those. The divine has one text-book, to whose authority all must and do bow: the facts of his science are laid down in the series of documents constituting his canon: all he has to do, is to interpret that which stands written for his guidance. And we all know the confusion every day worse confounded of the professors of the science of theology. The divisions of the Christian Church show the diversity of interpretation of the one book to which all look as the standard and binding authority. Nor can it be said that these divisions are not the result of honest thought and conviction. Collateral ancestors of my own on both sides were hanged because they refused to belong to a bishop-governed church—they *knew*—the knowledge was a part of their very soul—that the Bible did not justify bishops. And while Riddell and Renwick were on the scaffold I am sure they would, had they had the power, as inflexibly have inflicted the punishment of death upon those who did not believe as they, and who tolerated a bishop as a ruler and a governor over the Church. Persecution is said to be a very easy form of virtue: but not for the persecuted. All history for centuries is full of persecution and martyrdom for opinion—the Jew persecuted the Christian

when he had the power—his descendants for fifty generations have suffered violence and oppression at the hands of the disciples of the religion of love: the Roman Catholic tortured the heretic in Bohemia and Spain and England: and the heretic triumphing, revenged himself or his fellow by retaliation on the innocent fellows of his torturers: the Episcopalian persecuted the Scottish Presbyterian, the Presbyterian persecuted the Baptist in parts of New England: the Baptist (it is said) drove out the Quaker from Rhode Island (or tried to). And if the Quaker has never persecuted anyone, it must be remembered that he has never had the power. Even in the non-Christian land,

> "For the love of Him, nation hates nation so
> That at His shrine, the watchful Islamite
> Guards Christian throats."

The fate of John Hus or John Wiclif was no worse than that of Servetus, the philosophic physician and brilliant scholar, or of Campion, the enthusiastic Jesuit and pure-minded Christian. Even in our own day I am not sure that the *odium theologicum* has much decreased. It is true that there is no longer the stake or the rack, but would the spirit shown by some at least of those who have taken part in the controversy now or but lately going on disgrace Torquemada or Claverhouse?

In law, too, there is the same divergence. It is true that the lawyer has not but one collection of little pamphlets to look to for his ultimate and inexpugnable authority—but his authorities are all well known, numerous as no doubt they are. They are authorities some of which at least are binding, although some are more commentary than text. "If it is law it will be found in our books. If it is not found there, it is not law," said Lord Chief Justice Camden. And yet it is not the common, but rather the unusual case that lawyers or judges agree. Take for an example the latest case of my own which went to the Privy Council In the interpretation of an Ontario statute upon the subject of insurance, I decided at the trial the meaning of certain words in an Ontario Statute in a certain sense—the Court of Appeal unanimously supported that judgment—in the Supreme Court two judges thought I was right, but three thought I was wrong—the Judicial Committee of the Privy Council thought the

majority of the Supreme Court wrong. In the latest case in which I have taken part in a judgment in an appellate court, the inferior court decided against the plaintiff: a Divisional Court composed of three able and careful judges gave a considered judgment reversing the decision, two of the judges being for reversal *in toto,* the third for reversal in part: in the Court of Appeal, composed of five judges, no judge could be found to agree with any of the judges in the Divisional Court. I know personally, and have sat with, all these judges, and can bear testimony, not only to their intellectual power, but also to their anxious desire to find out accurately what the law is—and yet how different the conclusions. There have been cases in which the plaintiff or defendant was successful alternately in the courts on appeal, and the party ultimately successful perhaps achieved his final triumph only because there was not another court to go to.

Now these were cases in which no troublesome question of fact was involved—the facts were admitted or had been conclusively established—all that was before the courts was a question of dry law. Nor were there any such matters involved as would tend to arouse racial, religious, social or political feeling, any of which might unconsciously sway the judgment—no idol of tribe or idol of the den or idol of the market-place or idol of the theatre to blind the eye or mislead the soul. *"Quatuor sunt genera Idolorum quae mentes humanas obsedent . . primum genus Idola Tribus, secundum, Idola Specus, tertium Idola Fori, quartum, Idola Theatri vocentur."* Francis Bacon himself could not in the cases I have referred to have discovered any fifth kind of Idolum to exercise its dire influence—nor could Roger Bacon have found any *"offendiculum veritatis."*

In the world of statesmanship—of politics, the like conflict of opinion may be found.

The poet sings:

> "I often think it's comical
> How nature always did contrive
> That every boy and every gal
> That's born into this world alive
> Is either a little Liberal
> Or else a little Conservative."

And with the one class "All baronets are bad," while with another, "The man who bites his bread or eats his peas with a knife, I look upon as a lost creature", "the poor in the loomp is bad."

No truth is more profound or better attested than the old one, "*Tot homines, quot sententiae,*" "So many men, so many minds"; or, as Terence has it, "*Tot capita, quot sensus,*" "So many heads, so many opinions," or do you prefer Cicero, "*Quot homines, tot causae*" ? (No doubt a medical audience would prefer Cicero's version if he were using "*causa*" in the medical sense of "disease"—for then the remark would mean "every man has his own particular failing.")

The African king upon whom the spirituelle and sylphlike English lady had, with a most generous display of charm of body and mind, lavished her wiles, yielding to her winning ways, said: "Ah, you would be irresistible if you were only fat and black."

"*De gustibus non est disputandum.*" Sed "*neque de disgustibus,*" and I add, "*neque de opinionibus.*"

Why then expect expert witnesses to agree upon matters of opinion—whether they be practitioners of medicine or otherwise?

It is the first duty of a witness to tell the truth—the oath is "The evidence you shall give . . shall be the truth, the whole truth and nothing but the truth." The words of the oath are not to be taken quite in the ordinary sense. When an accused person pleads "Not guilty," this is not in law a denial of the fact that he has committed the offence charged against him; but it is only a statement to the effect, "I do not admit that I committed the offence charged: prove that I did, if you can"—so the witness is not supposed when he takes the oath to be undertaking to say all he knows—the oath paraphrased would read thus: "What you shall say in answer to the questions put shall be true and, being true, shall neither be a concealment of anything else that is true nor a suggestion of anything else that is false." To use the accepted legal terminology—the answer shall not only be true so far as it goes, but it shall contain no *suppressio veri* and no *suggestio falsi*. For example, in a case in which an unmarried woman is suing for damages for a leg broken through the negligence of a railway company, her doctor when asked, "How did

you find the plaintiff after the accident?'' should not as a rule say ''I found her with a broken leg and enceinte.'' If he left out the latter fact he would indeed not be telling ''the whole truth'' in the popular sense of the words, but he would in most instances be doing so in the legal sense. If, however, (for instance) the damages claimed were based in part upon her being forced to remain for a long time in her room and the condition of pregnancy contributed to this, the witness would be guilty of a *suppressio veri* were he to omit to disclose the fact. So, if the witness is asked, ''After your examination of this girl, are you prepared to swear that she was not with child?'' and he were to answer, ''Well, I am *not* prepared to *swear* that,'' and say nothing more, he might be guilty of a gross *suggestio falsi*—he would be, if he had carefully examined her without any thought of anything of the kind, and without suspicion having been aroused, if he did not add, ''but I have no reason for thinking she was,'' or something of the kind.

But telling the truth is not the only duty of a witness. He owes it to himself and to the truth itself not only to tell the truth, but to make the truth tell—*i.e.*, to make his evidence effective. Now by this I do not mean that a witness should take sides—the eager, the partial, witness is too often dishonest and is always discounted; and nothing is more nauseating than to see and hear a witness stretching the facts, and in the ardor of his partizanship narrowly, if at all, escaping perjury. What I mean is, telling the truth in a manner as persuasive as possible, and as likely as possible to induce belief.

Speaking in general terms, the witness is called upon only to answer questions.

I on another occasion laid down three rules which it would be wise for witnesses to observe; and I now repeat them:

First, ''Understand thoroughly the question put, before attempting to answer it.'' If you do not thoroughly understand a question, have it repeated, interpreted or explained until you do. If the lawyer refuses to repeat or explain, appeal to the judge—you have your rights, and he will see to it that you are given them. If the question is ambiguous, you have the right to have the ambiguity removed. Do not, however, be hypercritical —do not dishonestly pretend not to understand a plain question

because it chances to be an awkward one—nothing more prejudicially affects the value of a witness' testimony than an obvious desire to fence or to spar for time. Apply your mind honestly to the matter of the question and honestly endeavor to understand it—if the question is in reality unambiguous, do not dishonestly pretend to think it is ambiguous.

Again, "Having thoroughly understood what is asked, answer it as briefly and concisely as you can, consistently with the truth without suppression of the true or suggestion of the false." If the question can be answered "yes" or "no" without some implication which is untrue, some *suppressio veri* or *suggestio falsi,* answer it "yes" or "no"; if it cannot, do not hesitate to say so. Say that an answer "yes" or "no" would convey a wrong impression; and refuse, however much pressed, to answer in a way which carries an implication of untruth. Do not heed the demand, so often made with an air of righteous indignation, for a plain answer to a plain question. It is a common thing for lawyers to insist that any leading question can be answered "yes" or "no" without any suggestion of the untrue: but try this one—"Have you quit beating your wife yet?" Many a witness has yielded to importunity and answered "yes" or "no," when in his soul he knew he should not—this is morally if not legally equivalent to perjury. But again do not be hypercritical —you will in many cases be told to answer "yes" or "no," and you will have an opportunity of explaining and amplifying later. Insist upon the opportunity, in justice to yourself and to the truth.

Remember, however, that it is the question put to you that you are to answer, not something else. Doctors are very prone to sin in this regard—called upon to testify as to facts, they indulge in opinion—asked to give an opinion of something rightly within their competence, they give an opinion upon something which is not. Time and again, I have heard doctors in cases in which insanity is set up, not remaining content with giving an opinion as to sanity in the legal sense, go on and say that the prisoner in their view should not be punished, but should be treated for the disease. That is not for the doctor, or, indeed, for the judge either—it is for Parliament and the Executive.

Third, "When you have answered the question, SHUT UP."

No witness is so dangerous to his own side or so much the prey of counsel on the other as the talkative witness—the heart of counsel leaps with joy when he sees his learned brother on the other side trying in the examination-in-chief to stem the flood of talk from a loquacious witness. It has been my own experience that no small proportion of cases are won and lost by some witness talking too much.

Now these seem rules simple to the verge of silliness—or over the verge; but if they were observed, I am confident that the time occupied by trials would be diminished by one-third or more. Go into a court of justice and you will see witnesses failing or refusing to understand what they are asked—answering something entirely different, and talking at random long after they should have been silent.

As part of the duty to make the truth tell, the witness ought not to disregard any legitimate means of impressing the trial tribunal. For this, as well as for other reasons, he should avoid jesting and frivolity—the matter that is going on is a serious one: and there is seldom room for humor and more seldom still for wit. Few, if any, judges appreciate any wit or humor but their own; and judicial wit and humor are well known to be the lowest species of either. It is rare, too, that a jury does not form a poor opinion of the joking witness.

It is said that the English-speaking people of this continent are becoming a race of jesters—and there is much truth in the charge. 'Tis true, 'tis pity; and pity 'tis 'tis true. Still the line is to be drawn when an oath is taken. If there were no other reason, there is at least this—it is seldom that wit or humor can be successful without exaggeration of fact or the use of words in a metaphorical or unusual sense—either should be absolutely tabooed in the witness-box. The medical man should not complain that he is not permitted to display his wit—the law is and should be no respecter of persons, and if one man may joke, so may another, and our courts degenerate into a raree show instead of remaining a temple of justice. There is nothing which impresses a jury or a judge more than the quiet dignity of a self-respecting man—respecting himself, he is willing to respect others and he inspires respect in others. No counsel, however bumptious, can make headway against such a wit-

ness. Lord Mansfield says, "Ingenuity is one thing and simple testimony another, and plain truth needs no flowers of speech."

Nor should a witness think or pretend to think that his answers are for the information of counsel—questions which require no answer to men of education, as both lawyers and doctors are expected to be, may need to be fully answered for a common jury to understand the matter. A question is never asked—or seldom—that counsel may understand, but either for the information of the trial tribunal or to test the witness himself. In either case a straightforward, plain answer has the best effect; and nothing is gained by indignation at an apparently unnecessary question or by omitting to answer. "You must answer any questions that are not ensnaring questions."

The language in which an answer is framed is not without importance. I do not know that we are any more given to slang than other peoples—I find as much in London and New York, in Montreal and St. Louis as in Toronto—perhaps more. But there can, it seems to me, be not much doubt that this age uses more slang than any preceding one. Slang is said to be language in the making; and, of course, much that was slang has now become good English—but in a court of justice there is no more need of using language which is in the process of manufacture than in using customs which are in the same condition and have not yet crystallized into law. One very serious objection is that until the words have become old and thoroughly incorporated in the language, one person uses or may use them in one sense, another in another. Ambiguity is always a curse, and not less so in evidence than in aught else. I am not sure, either, that the slangy doctor impresses a jury any more favorably than the jester.

There is, however, another fault into which the medical man is prone to fall—I mean the use of highly technical language. Of course medicine, like every other art and science, has its own terminology, which it is wholly natural for its professors and practitioners to use. But much of it is "caviare to the general" —whether it be of Latin origin or not, it is Greek to a jury. Much may need to be couched in technical language for reasons of delicacy, or accuracy or the like: but "bruise" is just as good as "contusion," "bleeding" as "hemorrhage," "broken arm" as "fractured humerus." Wherever an accurate impression can be

conveyed by the use of common language, common language should be used—where technical nomenclature can alone give the right idea, do not hesitate to employ it.

And remember always that you are not giving a lecture upon the subject or explaining matters to professional brethren—you are stating facts to be comprehended by the laity. If you do not make the trial tribunal understand you, of what avail is all your knowledge and learning?

The appearance of a witness is not without its importance—neatness of dress, cleanliness of person, are not less pleasing in the witness-box than elsewhere. There is a philosophy of clothes, and Shakespeare knew it:

> "Costly thy habit as thy purse can buy,
> But not expressed in fancy: rich not gaudy;
> For the apparel oft proclaims the man."

Neither fop nor sloven can impress a jury like one dressed as a gentleman—though he may have all the learning in the world, he is handicapped by his outside. "The jay" is "not more precious than the lark because its feathers are more beautiful . . . the snake more precious than the eel because its painted skin contents the eye," but, on the other hand, the wise old proverb has it, "*Vestis virum facit,*" and "Through tattered clothes small vices do appear; robes and furred gowns hide all." Goethe was wise in his generation when he said,

> "*Der Schein dem was ist er, das Wesen fehlt?*
> *Das Wesen wär' es wenn es nicht erscheine?*"

To do justice to himself, the witness should not omit to consider his physical condition. A doctor is supposed to be always in perfect condition, but there may be exceptions—I think I remember having seen some—in any case, the strain of a prolonged and strenuous cross-examination will test the strongest witness, especially if his nerves are a little on edge. A surgeon who expects to perform a critical operation will generally avoid stimulants or other "disorganizers." Does he follow the same rule when he is about to go through an ordeal as trying in some respects—in which, as in the operation, a slip may cost a life, or, if not, may at least prejudice a future?

The witness should prepare himself by reference to any notes or memoranda he may have made, by reflection on what took place, by examination of authorities to back any opinion he may have formed. Do not despise the counsel who is to cross-examine you: he may not know much about your science generally; but for the particular case he should, and if he has done his whole duty he does, know as much as you, and perhaps more. To the counsel who examines in chief be clear and accurate; but to the cross-examiner, as you value your peace of mind, be, if possible, even more so—do not fight with him, that is his business, and you cannot hurt him, though he may hurt you—be courteous and firm—don't hedge—do not make a pretence of omniscience—if you do not know a thing, do not hesitate to say so—no one will think the worse of you—be quiet, cool and dignified, and you are safe. Of course the lawyer will be irritating and will try to make you lose your temper or your self-control, but that is part of his policy—do not let that affect you. Do not joke with him even if he try to joke with you—it is not his desire to show himself friendly to you that influences him—he is after your scalp—if he can make you "play the fool with mirth and laughter," it is likely he will get something from you that you should not give. If you reply in slang or ambiguous language, he will be apt to use the words in a different sense from that in which you used them. If you give a plain, serious answer in good English, he can make no more of it than he in justice should.

There are many complaints about cross-examination, and some may be deserved; the privileges of cross-examining counsel have sometimes been abused, as every other right may be abused.

But let us see what cross-examination really is. It is not as so many, even some lawyers, seem to think, "examining crossly." Cross-examination is the art of searching by questions into the mind of a witness in order that the trial tribunal may see, first, what the witness really means, and, second, how far what he says, may be relied upon.

There are many things to be taken into consideration in determining how far a witness can be relied upon. It must be plain that it would not do to allow him to state in his own way what he desired to say and then let him go. He might forget important parts of the story, he might load it with irrelevant de-

tail, he might speak loosely where exactness was imperatively required, he might express opinions where he was called upon to state facts, he might guess or imagine where he should know or say he knew where he only fancied, he might state as fact what he had only heard—all these dangers and many more are ever to be guarded against.

Nor would it do to allow the story to be told under the guidance of counsel for the side for which the witness was called, with nothing more. No one who hears a witness tell his story under the hands of a skilful direct examiner (and direct examination is to my mind a more difficult art than cross-examination, and it is rarer to find a first-class direct examiner than a cross-examiner who deserves the same praise), but must be struck by the beauty and symmetry of the structure built up, and almost grieve to see it fall in pieces before counsel on the other side. Some way of testing the accuracy of evidence must be provided—and no means yet discovered can compare for a moment with cross-examination. No doubt injustice will sometimes result both to the witness and to the side for whom he is called, but in the vast majority of cases the evidence of the honest witness is not weakened, but it is strengthened by a rigorous and searching cross-examination—while the evidence of dishonest or incompetent witnesses is in numberless cases weakened or destroyed. "None but the sore feel the probe."

Nor is it only the dishonest witness whose evidence needs probing. The value of the evidence of a witness may and often does depend on much more than his honesty. There is first to be considered the witness' opportunity of knowing the facts. He may have been in the immediate presence of the actors or a distance away; he may have made a careful or a merely cursory observation or examination; it may have been clear daylight or the gloom of night—and many other circumstances may have to be considered in this view.

Then his capacity of understanding what he did observe—see or hear or feel—or his capacity to form an opinion of any value. His general intelligence, his education, his training, are all of importance in this enquiry.

Again, in observing fact or forming opinion, is he consciously or unconsciously swayed or influenced by social or moral, relig-

ious, political or racial prepossession or prejudice? The common impression amongst sellers of liquor is that no strong temperance man or prohibitionist can, in cases of alleged illegal sale of intoxicants, see things as they really are. I do not say that this is true, but it will illustrate my meaning.

Has the witness any pecuniary interest, or interest of any kind, direct or indirect?

Then what kind of memory has he? Does he in fact remember what he says he remembers? Has he the reproductive and representative faculties of the mind so well developed and in such good condition that he can call to mind what did actually happen? Or is he only indulging in fancy and imagination?

And is he really expressing his thoughts by the language he is employing? It may seem an extraordinary statement to make, but it is undoubtedly true that not one man in twenty appreciates the value of an accurate use of language, and not one man in twenty can express precisely what he means so as to exclude the possibility of mistake.

Most important of all is honesty. I am glad to say that as a general rule medical witnesses are honest. Any witness who will give evidence contrary to the fact as he understands it or contrary to his real opinion, either to help a plaintiff to obtain a verdict when he should not, or a larger verdict than he should or to help a defendant to escape the legitimate consequences of wrongdoing is a thief; he is a criminal and should just as truly be behind the bars as the man who opens the vaults of a bank with dynamite. Expert witnesses will sometimes give testimony which is certainly a tissue of lies—no doubt were they prosecuted for perjury, they would shelter themselves behind the plea that they were giving an opinion only and not swearing to a fact—thus ignoring the truth that the existence or non-existence of an opinion is itself a fact. Perhaps the most striking and most shocking examples of this are in criminal cases where the defence of insanity is set up—the mention of such cases gives me a bad taste in the mouth, and I say no more.

And just here let me refer to something which is not uncommon—I mean exaggeration—which is a form of lying. If you do not believe it, read "Opie on Lying." Many witnesses appear to think that the trial tribunal will probably strike an average of

the professional opinions given—they consequently exaggerate their own so that it may have the greater weight.

Some, too, do not seem to place any value on language, and while there is in their terminology a distinction between "yes" and "no," words of a less definite and fixed value are not distinguished. There is a difference between black and white, but dark-grey is with them one or the other, depending sometimes, and too often, upon the side which calls them.

Sometimes there is apparently an attempt to take advantage of the supposed ignorance of judge or jury. For example, I have heard a medical man (who should be an expert) solemnly swear that anyone who believed in the possibility of communication with the spirit world was necessarily insane and incapable of managing his affairs. It was useless to refer him to intellectual giants from Socrates to Sir William Crookes and Sir Oliver Lodge or to business men like Stead—he stubbornly held to his opinion—or what he said was his opinion.

Such evidence as this is wholly harmful and improper—to use no stronger words.

Now, cross-examination is directed to the sifting of the evidence given so as to find (as has been already said) what the witness really means and how far what he says and means may be relied upon. Medical men should not complain that they are subjected to the same treatment as other witnesses. There are numberless cases in which not only straight perjury, but also concealment of the truth and false suggestions have been made plain by cross-examination, and cases are not unknown in which medical men of apparently the highest standing are shown to have permitted themselves to express opinions wholly opposed to the well-recognized facts of their profession—opinions which no competent medical man could possibly entertain.

And as the court is either conducting what should be a stern and careful investigation into an alleged offence against the people or is engaged in a civil case in what is the civilized substitute for a physical and personal combat between the contestants, and as each counsel is upon honor to do all he legitimately can for his client, no witness can ask that cross-examination shall be but trivial and not a trying ordeal. Lord Bramwell said, "It is well for the sake of truth that there should be a wholesome

dread of cross-examination." I agree with him: this dread of cross-examination must undoubtedly tend to greater care in the giving of evidence on the direct examination: and tend in general to make such evidence of greater value.

In much of what I have said, I have not distinguished between the doctor as an ordinary and as an expert witness. There is, however, one consideration in the latter case which perhaps deserves a word. The scandalous exhibitions of irreconcilable differences of expert opinion have called forth many comments: and it has been suggested that some remedy may be found. For example, I copy the following from a thoughtful article in a daily newspaper:

"EXPERT TESTIMONY."

"There is some danger that the medical profession will be discredited by the competition for expert witnesses in damage suits and criminal cases before the courts. In some instances the witnesses seem to become advocates for one side or the other, and the conflict of opinion does not tend to confidence either in the courts or in the profession. Is it impossible to have a physician or a board of physicians of high standing appointed by the Crown or retained as crown counsel are retained in criminal cases? If this is practicable (and there may be many objections which we have not considered), the evidence of such experts would be available alike for prosecution and defence. Judges and juries would have reports in which they could repose a greater degree of confidence, and in many cases perhaps a sounder administration of justice would be assured."

In certain criminal cases this is now the practice in Ontario. Wherever a crime is thought to have been committed and the accused is in custody—if there be any room to suspect his sanity, or if it be suggested that his defence may be insanity, two experienced alienists in the employ of the Ontario Government are sent to examine and report—these are not advocates, and their whole duty is to determine the exact fact. They are at the disposal of the defence, as well as of the prosecution, and in my experience they have been sometimes called for the defence. So, too, in cases of suspected poisoning, there is an analysis made at the instance of the Crown. No one has ever challenged the absolute honesty and fairness of the present analyst—his evi-

dence is at the disposal of the defence, in the same way as that of the alienist.

But even in these cases, neither party is bound to accept as conclusive the evidence offered by these experts. Others may be, and often are, called; and I should consider it a most dangerous practice to hold any person bound by the opinion of any expert, however able and honest. In matters of insanity, *e.g.*, men of equal ability, skill, experience and honesty may and often do entertain different opinions—while even in matters of chemical science, it should not be forgotten that a most careful, conscientious and capable chemist was forced to admit that arsenic he found upon his analysis came from his own reagents. Science is constantly advancing: and it may well happen in the future as it has happened in the past that the official expert falls behind the younger and non-official enquirer. Even in matters of law, the people are not, and should not be, satisfied with one expert—a trial Judge finds his opinion appealed against to a Divisional Court—the judgment of that Court is reviewed by the Court of Appeal; and it may be, the Supreme Court of Canada and the Judicial Committee of the Privy Council are ultimately required to determine what is the law. Law, too, as we have seen, is a science in which the theory is that somewhere in the books, if diligently sought for, will be found a decision or a principle which will conclude the case under consideration. How much more then should a litigant or an accused be at liberty to contest the opinion of an expert in a science which is living and ever growing—in which discoveries are being made yearly—I had almost said daily and hourly?

It must be, then, that other than the official experts may be called: and this should, as it seems to me, be fatal to any idea of an official, individual or collective, being appointed as a standing referee upon scientific question. In all but the exceptional cases mentioned, each party must under our practice procure his own experts: and while it cannot be said to be wholly satisfactory, I have not yet seen any scheme proposed which is at all feasible.

But we do not expect any human institution to be without faults; and Courts are human. The Judge may never have known or may have forgotten some principle of law—an old

Judge said: "God forbid that an attorney or even a Judge shall be considered to know all the law." The jury may be swayed by sympathy or prejudice, or may be unintelligent or misled, and may perversely find a verdict not according to the evidence: and it is too much to expect that any method of giving any kind of evidence, expert or otherwise, will be perfect. "No system of judicature can be devised or suggested in which occasionally failure to insure complete justice may not arise."

So much had been written when I was favored with the perusal of the address of your President, given on October 4th of the present year; out of courtesy to him, it would seem proper that I should say a word or two in respect of his remarks. He says:

"The position of the medical (so-called) expert witness in our courts of justice has always appeared to me to be an anomalous one, brought about partly by the practice of allowing lawyers to cross-examine in such a way that it is hard for any but the most astute to avoid giving a wrong impression and partly by the practice of taking sides. For doctors to enter the witness box and testify to one opinion for a fee, whilst others swear to an opposite opinion for a larger fee, is not in the best interests of the profession, and is hard to reconcile with the best interests in the course of justice.

"I have long held the opinion and still hope that the so-called medical expert will be abolished and the medical advisers will be employed by the Crown instead. In that way his position would not be in any way that of an advocate for either one side or the other, but would be entirely judicial, and his whole object would be to help the presiding judge to a correct understanding of the intricate medical problems presented. I believe that in this way the real cause of justice would be furthered."

With great respect for anything Dr. Macdonald could say, it seems to me that he has fallen into errors which, considering his point of view, are not wholly unnatural. He says that the position of the medical (so-called) expert witness is an anomalous one. This is incorrect—his position, so far from being anomalous, is entirely normal; and it is the same as that of an expert witness in any other art or science, chemistry, mechanics, electricity, painting, veterinary surgery, dressmaking, even law

itself—(that is foreign law, the Judge is himself an expert in his own law)—and if a medical adviser is to be appointed, why not a chemical, mechanical, veterinary and artistic expert? As to helping the presiding judge to a correct understanding of the intricate medical problems presented, I deny that there are such problems. At the peril of being considered guilty of *lèse majesté* against Queen Medicine, I assert that there are no intricate medical problems ever presented to the courts or any medical problems at all which cannot be understood by a judge of ordinary intelligence and education. Medicine, my friends, has passed the stage of mystery and occultism—it is now a science of common sense, and there are no arcana sacred from the intrusion of the layman. No priest of the cult can cry *"Procul, o procul este, profani,"* nor may two augurs meet and join in smiling congratulation while each whispers *"Odi profanum vulgus et arceo."*

How is the expert to be appointed? By the Crown? That means by the Government for the time being. In our system of party government, is the best man always appointed? Is the Deputy Minister of Justice, or the permanent adviser of any Minister, always at the head of his profession? Are the members of the medical profession themselves in all cases perfectly satisfied with and content to be bound by the evidence given by some who are frequently called as witnesses by the Crown.

Or are the experts to be appointed by the judge? I know of judges who would always feel disposed to appoint a Homoeopath—others to whom Hahnemann is anathema; one of my own old perceptors was an Eclectic, and had an exalted opinion of the virtues of Thompson's No. 6.

Or are they to be elected by their brethren? You have now a Council elected: and it seems to me that I have somewhere heard that it is just possible some of the electors were not wholly satisfied with their representatives there. Indeed, if I am not under a mistake, some have even gone so far as to speak out in no uncertain tones their thorough dissatisfaction.

The reprobation of the practice of cross-examination, I have already alluded to—the medical man must altogether repudiate any idea that he is a judge in a Court of Justice; and he must submit to having his views challenged and all reasonable tests ap-

plied to determine the real value of his evidence. Is the ignorant quack to be spared exposure of his ignorance and pretension just because he has the letters "M.D." after his name? And who without cross-examination knows but you are as ignorant as he? He will be as pompous and impressive as you can be. Who can tell your worth till he tries?

Courts exist not for the witness any more than for the lawyer or judge, but for the litigant—and it is the interest of the litigant alone which is to be considered—his interest is the interest of the people who pay for the courts.

Medical men must face the situation—so good a friend of the profession as I, may be pardoned a little plain speaking. A great deal of the odium attaching to the expert medical testimony is due to natural difference of opinion and is consequently unjust: most of it is not. For the most part it is due to medical men themselves, and the remedy (so far as any remedy is possible) is in the hands of the medical men also. The trouble in the main arises from two causes. First, downright ignorance. The very high standard of professional attainment reached by the practitioners of medicine in our Province is well known, and I am proud of it, as everyone should be: but it must be admitted that there are exceptions. Some there are who cease to be students the day they pass the Council; some who during their course in college are satisfied with the minimum required to pass the examinations. They are, and they remain ignorant. Again, and it pains one who respects and esteems the medical profession as I do, to say it—there is often absolute dishonesty in the medical as in every other kind of expert. Your president had been drinking of the waters of sweetness when he said, "For doctors to enter a witness box and testify to one opinion for a fee, whilst others swear to an opposite opinion for a larger fee, is not in the best interests of the profession, and is hard to reconcile with the best interests in the cause of justice" (unless, indeed, Dr. Macdonald was speaking of honest and well-considered differences of opinion). If these "opinions" were dishonest, the doctors were perjurers—if formed without careful consideration, they were pretenders—in either case a disgrace to the profession. If the opinions were honest and well-considered,

how determine which was right? And how remedy the difficulty? By leaving it to another expert equally fallible?

Let medical witnesses be masters, as they should be, of their science, and practice plain, simple honesty; and most of the scandal will disappear.

But as I have already said, difference of opinion must be expected. Medicine is not mathematics, not an exact science—and it is not and never can be a matter in which authority is supreme.

There is no prospect of medicine becoming anything like an exact science until—and unless—experiment be permissible upon the human frame. This cannot be done now—the doctor treats, he does not experiment, he is in duty bound to do the very best for that particular patient, not for medical science generally.

Nor can, or should, medicine become a matter of authority. Hippocrates was a radical in his day, and doubtless shocked the schoolmen of the Aesculapian College. Celsus was no better; and Sydenham on Fevers was revolutionary. Paracelsus and Van Helmont were not simply quacks*. Ambrose Paré and Harvey and Jenner and Simpson were all heretics. The physician who, a hundred years ago, would reprobate bleeding freely and for practically every mortal ill, would be scouted as an ignorant and presumptuous pretender.

We must, I think, "Rather bear the ills we have, than fly to others that we know not of"— and be content with our present system till we can get a better.

What is the remedy? The judge may become more diligent and make more extended or more careful enquiry into his authorities—the jury may cast out all feeling of sympathy, prepossession and prejudice, and all else than a real desire to do justice according to the evidence: and the expert witness, I think, can help by being always, not only learned, but also independent, impartial—in a word, honest. But even then, I repeat once more, opinions must be expected to differ.

I could go on by the hour addressing you upon this subject, but I have been already too long and must now stop.

In conclusion, let me wish the Academy all success, and let me venture to hope that none of its members will bring disgrace upon it, himself and his profession by dishonest or slipshod

testimony. If the aristocracy of the profession are beyond reproach, the commonalty will follow in their footsteps, and the profession at large be freed from a reproach not wholly deserved, but having but too well established grounds for its existence.

An exceedingly hearty vote of thanks was passed by all the Fellows present, moved by Dr. N. A. Powell and seconded by Dr. A. A. Macdonald.

Mr. Justice Riddell, in replying, said in part:

"I have entirely failed in one chief object of my address tonight if I have not made clear that the members of the medical profession must take hold of this matter of expert evidence themselves.

"The Judges cannot help you, they are bound by precedent; the lawyers will not, they have their account in the disagreement of experts; the legislature cannot be expected to give medical men as witnesses a position different from or superior to that of any other class of the community.

Now, while there are, of course, black sheep in the medical as in every other profession, their number is not great; and with the exception of these few, I am confident an enlightened regard for truth, for the good of the public and of the profession, must be all-powerful. Even the black sheep have some regard for their general repute among their brethren. If they knew that a doctor who gave a dishonest opinion would be shunned and scorned like any other perjurer even their conduct would be more nearly honest.

"There is no reason why medical experts should not stand at the very head of all expert witnesses, as they ought, instead of being, as they are, at the very foot. And I am not entirely without hope that the day is not far distant when such will be the case. If anything I have said will help, in however small a degree, to speed that day, I shall feel amply repaid."

NOTE.*

Let me explain what I mean.

Paracelsus had a vulnerary ointment or weapon-salve made after this recipe: "Take of usnia (*i.e.*, the mossy growth upon the weathered skull of a criminal, who had been hanged and left

hanging in the air), of real mummy, of human blood still warm, of each one ounce; of human suet, two ounces; of linseed oil, turpentine and Armenian bole (*i.e.*, a kind of clay found native in Armenia, an impure silicate of aluminium containing considerable oxide of iron), of each two drachms. Mix all well in a mortar, and keep the salve in an oblong narrow urn."

Van Helmont and others had different formula, using the fat of bears, bulls or wild boars, powdered earthworms and other like delectable materials.

A wound was treated by anointing the weapon which caused the wound, or if that was not available a splinter dipped in the patient's blood, with this ointment; and the weapon or splinter was then laid away in a cool place.

In the meantime, the wound was to be carefully washed with fair clean water, covered with a clean, soft, linen cloth, and cleansed once a day from pus and other impurities.

The theory given out was that the dead criminal or animal died full of secret reluctancy and vindictive murmurs and with a high flame of revengeful feeling. This continued after his death, and the posthumous character of revenge remained firmly impressed upon the blood and fat in the unguent. The moment the blood on weapon or splinter came in contact with this most malignant substance, it was roused to active excitement, and so obtained full power to cure its fellow blood left behind in the wounded man; and this it did by sucking out the dolorous and exotic impression from the wound.

I do not believe that Paracelsus really held any such theory; but mysticism was the fashion of the time, just as giants were the fashion in literature, when that other great physician, Rabelais, wrote, and so, of course, Rabelais had to write about giants in that astounding book abounding in pearls of wisdom, unfortunately, however, to be sought for in a bucketful of filth. Patients then required magic as they still require medicine. Then a wounded man would have been as much disappointed and dissatisfied by simply having his wound washed as a typhoid patient would now be without something to take besides care. Placebos have and always had their place in your science.

If any one desires to know the treatment of wound, *secun-*

dum artem, at that period, let him read the story of John Ridd in Blackmore's "Lorna Doone."

Until Lister's time, no better treatment for wounds was ever known than that of Paracelsus and his imitators; and they knew and recognized the value of impressing the imagination. They were called "quacks," and were subjected to the ridicule of the regular profession—so was Sir Kenelm Digby in England, who cured wounds in much the same way. He took any article which had been dipped in the wounded man's blood and put it in a solution of a powder of vitriol—"powder of sympathy" he called it—and directed the patient to throw away all plasters from his wound, only to keep the wound clean and at moderate temperature betwixt heat and cold.

Had the patient died under the treatment of Paracelsus or Digby, the Royal Physicians and Surgeons and practically the whole profession would have given entirely honest evidence that he died from *mala praxis.*

If a patient were to-day treated as practically all surgeons of that day treated theirs, and died, his medical attendant could not escape conviction for manslaughter, let alone have a defence to a civil action for damages.

THE USE OF CARBON DIOXIDE SNOW IN SUPERFICIAL LESIONS

BY DR. HARVEY J. TODD.

Carbon dioxide snow was first introduced to therapeutics by Pusey, of Chicago, a few years ago, and since then has been of great use in combating numerous skin diseases and disfigurations.

Dr. E. Reginald Morton, London, writes: "In solid carbon dioxide I consider that we have the most important therapeutic discovery of recent times, not excluding that remarkable substance, radium."

The temperature of solid carbon dioxide is 79°C., and so has the effect of freezing almost instantaneously any tissue to which it is applied. The extremely low temperature very

quickly blanches the tissues, followed by rigidity and swelling of the part frozen. After the application is stopped, the tissues act as if frost-bitten, the part becomes red and swollen, and a small vesicle forms. On examining the part treated, it is found that we have produced an area of plastic inflammation without any gross destruction of tissue.

Within a few days the vesicle shrinks and a crust forms, which should be allowed to separate itself, which generally occurs in from eight to fourteen days, leaving a smooth, soft, elastic, pink scar, which gradually becomes quite pale.

In cases of capillary neavi, practically all can be cured by one application of carbon dioxide ice of forty seconds' duration. Some few cases need two or perhaps three applications. Cavernour neavi react very readily. Port wine marks generally require two or three treatments, but the results are excellent.

In lupus vulgaris the results are apparently all that could be wished for, also in epitheliomas; but, of course, time may change our views.

Other lesions favorably affected by carbon dioxide are keratoses, leucoplakia, keloid, senile and other warts, moles, venereal warts, and gunpowder stains.

Gottheil says: "In lupus erythematosis it surpasses all other forms of treatment." The application of solid carbon dioxide is from ten to forty or forty-five seconds, and is quite, or almost quite painless. If gross destruction of tissue and necrosis is wished for, the application should last for one minute, or even longer, with firm pressure of the ice to the part.

163 College St., Toronto.

Canadian Journal of Medicine and Surgery

Editor:
J. J. Cassidy, M.D.
45 Bloor St. E., Toronto

Managing Editor:
W. A. Young, M.D., L.R.C.P., Lond.
145 College St., Toronto

Surgery:
F. N. G. Starr, M.B., Toronto, Associate Professor of Clinical Surgery, Toronto University; Senior Surgical Assistant, Toronto General Hospital; Surgeon, Hospital for Sick Children, Toronto; N. A. Powell, M.D., C.M., Professor of Medical Jurisprudence, Toronto University; Senior Assistant in charge, Emergency Department, Toronto General Hospital.

Clinical Surgery:
Alex. Primrose, M.B., C.M., Edinburgh University; Associate Professor of Clinical Surgery, Toronto University; Secretary Medical Faculty, Toronto University; Surgeon Toronto General Hospital; and Herbert A. Bruce, M.D., F.R.C.S., Eng., Surgeon, Toronto General Hospital.

Orthopedic Surgery:
B. E. McKenzie, B.A., M.D., Toronto; Surgeon to the Toronto Orthopedic Hospital; ex-President of the American Orthopedic Association; and H. P. H. Galloway, M.D., Winnipeg, Man., Member of the American Orthopedic Association.

Physiology:
A. B. Eadie, M.D., Toronto.

Medical Jurisprudence and Toxicology:
Arthur Jukes Johnson, M.B., M.R.C.S., Eng., Coroner for the City of Toronto; Surgeon Toronto Railway Co., Toronto; W. A. Young, M.D., L.R.C.P., Lond., President of the American Medical Editors' Association; Associate Coroner, City of Toronto.

Physiotherapy:
Chas. R. Dickson, M.D., C.M., Queen's University; M.D., University of the City of New York; Electrologist Toronto General Hospital, Hospital for Sick Children and St. Michael's Hospital.

Pharmacology and Therapeutics:
A. J. Harrington, M.D., M.R.C.S., Eng., Toronto.

Pediatrics:
Allen Baines, M.D., Toronto: Associate Professor Pediatrics, University of Toronto; Physician, Hospital for Sick Children; A. R. Gordon, M.D., Toronto; Senior Medical Assistant, Toronto General Hospital; Helen MacMurchy, M.D., Toronto, Editor, The Canadian Nurse.

Dermatology:
D. King Smith, M.B., Tor., Toronto; Demonstrator in Pathology, Toronto General Hospital.

Medicine:
J. J. Cassidy, M.D., Toronto, ex-Member Ontario Provincial Board of Health; Consulting Surgeon, Toronto General Hospital; W. J. Wilson, M.D., Toronto, Physician, Toronto Western Hospital; and Dr. J. H. Elliott, ex-Medical Superintendent, Gravenhurst Sanatorium, Ont.; Associate Medicine and Clinical Medicine, University of Toronto; Senior Medical Assistant, St. Michael's Hospital.

Clinical Medicine:
Alexander McPhedran, M.D., Professor of Medicine and Clinical Medicine, Toronto University; Physician, Toronto General Hospital; Lewellys F. Barker, M.D., Professor of Medicine, Johns Hopkins University, Baltimore, Md. H. B. Anderson, M.D., Toronto; Associate Professor of Clinical Medicine, University of Toronto; Physician, St. Michael's Hospital.

Bacteriology:
J. G. Fitzgerald, M.D., Lecturer in Bacteriology, University of Toronto.

Mental and Nervous Diseases:
N. H. Beemer, M.D., Mimico Insane Asylum. Campbell Meyers, M.D., M.R.C.S., L.R.C.P. (London, Eng.), Private Hospital, Deer Park, Toronto.

Gynecology and Obstetrics:
Geo. T. McKeough, M.D., M.R.C.S., Eng., Chatham, Ont.; and C. F. Moore, M.D., Toronto.

Pathology:
W. H. Pepler, M.D., C.M., Surgeon Canadian Pacific R.R., Toronto; Junior Medical Assistant, St. Michael's Hospital; and J. J. Mackenzie, B.A., M.B., Professor of Pathology and Bacteriology, Toronto University Medical Faculty.

Ophthalmology:
J. M. MacCallum, M.D., Toronto, Senior Assistant Eye Department, Toronto General Hospital; Oculist and Aurist Victoria Hospital for Sick Children, Toronto.

Nose, Throat and Ear:
Perry G. Goldsmith, M.D., 84 Carlton St., Toronto, Laryngologist and Aurist, Provincial Institution for the Deaf and Dumb; Senior Assistant Ear, Nose and Throat Department, Toronto General Hospital.

Address all Communications, Correspondence, Books, Matter regarding Advertising, and make all Cheques, Drafts and Post-Office Orders payable to "The Canadian Journal of Medicine and Surgery," 145 College Street, Toronto, Canada.

Doctors will confer a favor by sending news, reports and papers of interest from any section of the country. Individual experience and theories are also solicited. Contributors must kindly remember that all papers, reports, correspondence, etc., *must be* in our hands by the first of the month previous to publication.

Reprints supplied Authors at Cost.

Editorials

TYPHOID FEVER FROM MILK AND OTHER FOODS

Many sanitarians think that, in discussing the etiology of typhoid fever, attention appears to be directed rather exclusively to polluted water. It is doubtless true, that, in the vast majority of cases, the bacilli of Eberth are swallowed; but, in a good many instances, the infection does not reach the consumer's stomach in a draught of water. Milk may be polluted by water used to cleanse milk cans, or for diluting purposes, or the infection may be transferred to milk by the hands of milkers or other employees in a dairy.

As the surgeon, who operates with unclean hands, inoculates his patients with pyogenic organisms, so milkers, by transferring typhoid bacilli from their hands to milk, inoculate the customers of the dairy with typhoid fever. Fecal matter has frequently been found under the free borders of the finger-nails of milkers who thought their hands were clean. Milkers should be obliged to keep their nails short, and to use the nail-brush so as to remove the dirt from the recesses about their nails, which are not accessible to soap and water, in the ordinary washing of the hands. Any person, nursing or attending a case of typhoid fever, should be forbidden, under penalty, to milk cows. Neither should a dairyman, in whose dairy a case of typhoid fever is nursed, be allowed to

sell milk. The drinking water of a dairy should be regularly tested for fecal pollution.

As physicians in Ontario are now obliged by law to report their typhoid cases to the Secretary of the local Board of Health, who shall in turn report them weekly to the Secretary of the Provincial Board of Health, the infection of the hands of milkers in dairies will not do so much mischief in the future as it has done in the past. Still, it is practically impossible to keep track of all cases of typhoid fever, occurring in the area from which the milk supply of a large city is derived. Especially is this true in mild cases and in ambulant cases. Carriers of typhoid fever, who appear to be in good health, also help to increase the difficulties of the situation.

The pasteurization of milk, which consists in raising it to a temperature of 158° F., and maintaining it at this temperature for thirty minutes, should be a safeguard against typhoid infection from milk, as it removes all pathogenic and the bulk of the non-pathogenic organisms. It would certainly be preferable to pasteurize all milk, rather than give up the use of milk altogether, as there is no other food which can take its place.

Milkers are not the only transmitters of the Eberth bacillus to food, and a bright light was thrown on the etiology of some cases of typhoid fever in Chicago last summer by Dr. L. L. Lumsden, of the Public Health and Marine Hospital Service (U.S.A.) (*vide The Chicago Medical Recorder,* October 15, 1910).

Dr. Lumsden, who, in the course of an investigation lasting three months, visited every known case of typhoid fever in Chicago, found that, in many of the cases, the cause was directly traceable to contact with previous cases. The infection was produced by swallowing the excreta of the patients, which were allowed to lodge upon the bedding, napkins or hands of attendants, and by them introduced into the food supply, or beverages, of persons living in the same house. The conclusion to be drawn from these observations is that, in many cases, the germs of typhoid fever are HANDED OUT by persons, who, while nursing or attending on patients sick with typhoid fever, meddle with or handle the food supply or beverages of the well. J. J. C.

OPERATIVE TREATMENT OF SIMPLE FRACTURES

THE operative treatment of simple fracture of the patella has been practised, for many years, with great advantage to the patients. The effort to secure bony union and a close approximation of the fragments has also induced surgeons to apply operative methods to fractures of the olecranon, and the tuberosity of the os calcis.

Some surgeons go further in their efforts to secure close approximation of fractures and include every one of the long bones, especially if the fragments cannot be kept in apposition by ordinary splints. Dr. F. N. G. Starr (clinic to the profession, Toronto

General Hospital) goes still further in his advocacy of the operative treatment of simple fractures, so far, indeed, as to say, that a surgeon who does not *plate* a simple fracture of a bone, is guilty of criminal negligence.

In objection to the plating or wiring of fractures, it is contended, that an incision in the soft parts—involving danger of sepsis—is required, that it is difficult to keep the tracts in which the metal supports are placed in an aseptic state, that the screws or wires cause rarefaction of bone. From his own experience, Dr. Starr refutes the charge that rarefaction of bone is caused by the presence of screws in bone. Neither has he found that septic conditions arise from the presence of steel plates and screws in fractured bones. The danger arising from an incision in the soft parts he did not mention, taking it for granted, probably, that, if the operation was properly done, and the tissues efficiently guarded, no septic results would follow.

A good many surgeons think that, in the majority of simple fractures with marked displacement, good results are obtained if an anesthetic is given during the reduction of the fracture, and sufficient extension is maintained after its reduction. Even if this be true in the main, it must be conceded, that the evidence of marked deformity in fractured bones, treated by old-time methods, as seen in museums of surgery, or observed in skiagraphs printed in surgical works, proves that there are many notable excep-

tions to the rule. Certainly, when studying specimens of deformed human tibiæ or femora, one cannot help feeling, that a steel plate fastened with screws, or a deftly inserted loop of wire, would have prevented such surgical catastrophes. J. J. C.

POLLUTION OF WATER SUPPLIES IN CANADA AND THE UNITED STATES

DR. CHAS. A. HODGETTS, Medical Adviser of the Commission of Conservation, dealt with the pollution of water supplies in a paper read before The Dominion Public Health Conference, Ottawa, October 10, 1910. Data were given showing the typhoid mortality rates, per 100,000, of Canadian cities, bordering on the Great Lakes, and also the typhoid mortality rates of twelve cities of the United States, located on the Great Lakes. These rates are high in both countries, much higher than the rates of densely populated countries in Europe, such as Scotland, Germany, Australia, Hungary, Belgium and England and Wales.

To effect a reduction in the high typhoid mortality rate in Canada, Dr. Hodgetts argues, that efficient laws should be enacted, the enforcement of which should in the main rest with a Federal department, co-operating with each of the various Provincial Departments of Health.

As indicative of the international character of the evils of water pollution, Dr. Hodgetts points out that the waters of the St. Lawrence, which at Montreal should be comparatively pure, are polluted, not only by Canadian municipalities, but also by the acts of residents in the States of New York, Michigan, Ohio, etc., who wantonly pour millions of gallons of sewage daily into the waters of the Great Lakes. Hence, even if every Province in Canada had a similar or identical law repressing the pollution of its water supplies, the dangers, respecting waters which are in part international in origin or location, would not be entirely removed. Another international feature of the case is the pollution of the Great Lakes during the season of navigation, when as many as ten million persons travel on the ships, which ply on these waters.

Brief references were made in the paper to those States of the United States and to European countries, in which advanced laws are enforced to restrain the pollution of water supplies, *viz.,* Massachusetts, Pennsylvania, New Jersey, New York, Ohio, Kansas, Great Britain, Germany, Prussia, Saxony.

A special word of approval was given to the Act Respecting the Public Health of Saskatchewan, section 23 of which provides, that the consent of the Commissioner of Health shall be obtained before any by-law providing for the raising of money for the construction, operation or extension of any system of water works, common sewer, system of sewerage or sewage disposal shall be voted upon by the rate-

payers, and that no debenture shall be valid, unless this provision has been complied with.

The corrective power held by the Commissioner of Health of Saskatchewan will, it is hoped, prevent municipal councils in that Province from taking the bit between their teeth and introducing systems of water supply, sewage disposal, etc., without first obtaining the consent of the Provincial Commissioner of Health.

Should the above provision of the Saskatchewan Public Health Act prove workable, the result will be hailed with satisfaction by the Legislatures of Canadian Provinces and American States, who desire to secure for the people the best, both in water supplies and in sewage purification.

As far as Canada is concerned, it is probable that, when the individual Legislatures do their duty in passing sound laws restraining the pollution of streams and water supplies, and likewise co-operate with each other, in the furtherance of such sanitary purposes, much less pollution of water supplies will be observed in this country.

The same method of procedure should apply to the Legislatures of States bordering on the Great Lakes, who are as interested in maintaining the purity of these unsalted seas as are the Canadians.

J. J. C.

MEDICAL EXPERT EVIDENCE

Of the making of laws, there is no end. The observance of them is "a moveable feast," it would seem, according to the fancy or frenzy of the public mind, diseased or otherwise. As the body of man, or, to more correctly express it, his physical condition, has frequently such an effect upon his choice of words, or deeds, Law and Medicine must put him, often, in the middle and on each side take a guiding hand and lead him just where and how he ought to go. So in our courts of law, when important points hinge on expert medical testimony, again Law and Medicine must join forces, each offering in tablet form the condensation of years of study and experience.

The question of medical expert evidence has been discussed a good deal of late, not only in professional circles, but by the laity. Perhaps never before has the medical man who appears in court as an expert been the subject of as much discussion as at the present time. A recent case of alleged insanity was argued at Osgoode Hall. At the trial the battle royal, we regret to term it, was between six medical men, three of whom swore that the man was a lunatic and unfit to contract a marriage, and an equal number of men just as well versed in psychiatry swore that his case was one of senility only. Then did the public talk, and one heard on every side derogatory remarks as to medical evidence in general. The public are not

to be blamed for taking this stand, as, at first sight, it would appear as if there were a good deal of truth in their opinion.

To see medical men appearing in court taking sides, one seemingly swearing exactly the opposite to the other, is, to say the least of it, undignified and does not tend to the upholding of Medicine as a learned profession. It gives the laity the idea that there is nothing certain in our profession, creates a sense of doubt, and causes lack of confidence.

To digress for a moment, the old, trite saying, "Doctors differ," has attained, we fear, its truthful place as a stock phrase and never calls for the use of the prompt-book. Medicine is, of course, a progressive rather than an exact science. Now, doctors, if they are worth the degrees they hold, study, read, experiment and try to make the Medicine of to-day more and more exact. As long as this old world keeps swinging around there will be the wise and otherwise men in every profession and business. Also there will always be physicians, with sorrow we say it, who think more of themselves and their empty pockets than they do of the honor of their calling in life.

To return directly to the subject of expert medical testimony, friendship or political bias too often make the choice of so-called medical experts an unfortunate one. Only a month ago a lawyer foremost, at least he thinks he is, in the front rank of his profession in Toronto, stated in the hearing of a number of men

that he liked to have Dr. Blank in the witness-box. He looked so fine and imposing and said just what he was told. If that is the standard of men the lawyers want, then the sooner medical expert testimony is abolished the better.

As to real difference of opinion, that should not be lightly spoken of. First, there is always the honest candor of absolute ignorance; then there is diversity of opinion, as in the recent case above referred to, caused by the moods of the patient when examined. To a doctor of a genial, sympathetic temperament, who understands human nature and chats pleasantly along, the patient responded and was better than his normal best. To a physician of a different type of personality, who, for instance, peremptorily ordered him to tell things and put out his tongue, he showed his worst side, and so it seemed a riddle hard to solve as to his condition being one of insanity or senility. So in the end the honorable Judge formed his own opinion and gave judgment accordingly.

Two scientific men may rightly differ in the views they hold on any subject without being unjustly criticized. The Hon. Justice Riddell recently addressed the Academy of Medicine, and we feel honored in presenting his address to our readers in this issue. It is well worthy of careful perusal. As to what His Lordship says regarding the rights of a witness under examination it is true that some judges do not afford requisite protection to the witness in the box where the counsel on cross-examination tries to insist

upon an answer "Yes" or "No." If more witnesses would follow the suggestion of Mr. Justice Riddell and appeal to the Bench when they find that they would convey an improper impression by answering "Yes" or "No," they would frequently find themselves in a less awkward position. As to the best means to be adopted to cure the situation, we have always felt that the appointment by the Crown, say once every five years, of a triumvirate of medical men, who are of unquestioned scientific, especially medico-legal, and professional standing, would be wise. Under a retaining fee they would be always ready to advise the Crown and its appointees on all medical and medico-legal matters and appear in court whenever needed. It is true, perhaps, that those appointed might not meet with the approval of all politically, religiously or professionally, as that would be well-nigh impossible, but surely three men could be named for a county whose truthfulness would be impugned by none. We feel that such a Medical Commission would be a distinct advance on the present state of affairs. Of course what Mr. Justice Riddell states is true—that the one and only way to set matters permanently right is for medical experts to firmly make up their minds to be absolutely impartial, in other words, honest in the views expressed. Let them refuse to be swayed by the views held by either counsel, giving the case careful consideration beforehand, be entirely independent, and then state their views, no matter whose head may

fall in the basket. Of course the day has not arrived when all members of any profession can be expected to be of absolutely one mind; but if the majority would take the stand that "Truth is truth and right is right," be fearless and honest at all hazards, the trimmers would soon have to

> "Fold their tents, like the Arabs,
> And silently steal away."

W. A. Y.

Editorial Notes

The Typhoid Fly

The prevalence of typhoid fever among Europeans in India has been attributed to the agency of flies, since, year by year, outbreaks occur, which are most difficult, or impossible, to trace to a water-borne cause, the water supply being, in many cases, above suspicion.

During the Spanish-American war, investigation of the great prevalence of typhoid fever among soldiers, camped in the Southern States, showed that abundant opportunities existed for the conveyance of typhoid infection by flies, the insects visiting the latrines at one time and the men's tables at another. According to this view, flies picked up Eberth bacilli, which had been discharged into a latrine, and subsequently deposited them on food eaten by the soldiers. There would be a special danger of infection, if any of these typhoid flies were to drop into milk, which is an ideal culture fluid for the bacilli of Eberth. A few germs, washed from the body of one fly, may develop into millions within a few hours, and the person who drinks such milk will receive a large dose of typhoid bacilli, which may later cause serious sickness.

A brook, a river or a lake, receiving discharges from house sewers, furnishes typhoid germs, and flies in millions settle on the refuse that washes along the water's edge. Afterwards, these same flies enter neighboring houses, and wipe their feet on the food which the inhabitants of these houses eat, or on the faces of sleeping children. Thus, flies, which are carriers of typhoid fever, bring their cargo in contact with human beings. As a general proposition, it may be held, that typhoid fever cannot be got, unless the germs of that disease are swallowed, and one does not swallow the germs, unless they are deposited on the food

eaten, in the liquids drunk, or on the glasses or cups used for drinking.

Disinfection of the Skin by Iodine

Disinfection of the hands of an operating surgeon may be accomplished, more or less successfully, by diligently scrubbing them with soap and water, followed by immersion in a solution of corrosive sublimate, 1—1,000. The use of sterilized rubber gloves by the surgeon is an easier and probably more effective procedure. Grossich's method of disinfecting the patient's skin by iodine continues to receive notices in the medical press. It is applied as follows: On the day before the operation, provided there is no urgency, the patient is bathed and shaved. As soon as the patient is brought into the operating theatre, on the following day, the area of the skin involved is energetically painted with a 10 per cent. tincture of iodine. About fifteen minutes later, when the patient is asleep, a second painting is performed. Five minutes later, the operation begins. When finished, after the skin has been sutured, the incision is painted with the iodine tincture, before the dressings are applied.

Owing to the rapidity with which iodine acts on living tissues, the time between the painting and the commencement of the operation may, if necessary, be shortened. Müller, who writes about the disinfectant powers of iodine, in *Deut. Med. Woch.*, Aug. 25, 1910, says that this method of disinfecting the skin of the patient may be carried out in any place, in a few seconds; that it becomes active in a few minutes; that it can be applied successfully in all kinds of wounds, infected or otherwise, and that it is so simple that an untrained attendant can apply it.

It is certainly reassuring to learn that, if a surgeon applies a 10 per cent. tincture of iodine to an area of skin soiled by a machinery accident, he can incise the skin and afterwards suture it, with a hope of obtaining union by the first intention. One

feels inclined to ask Müller why, if such good results flow from the application of a 10 per cent. tincture of iodine to the skin of the patient, equally good results in disinfection would not flow from painting a 10 per cent. tincture of iodine on the hands of the operating surgeon. Assuming that the mechanical cleansing of the operator's hands with soap, warm water and scrubbing brush has been done adequately, the painting of his hands with a 10 per cent. tincture of iodine would be somewhat similar to soaking the hands in a 75 per cent. alcohol. The strong alcohol of the tincture of iodine penetrates the skin, while its iodine content is powerfully antipyogenic.

Hygienic Suggestion in Post-Offices

As teaching by suggestion is in keeping with modern ideas, one notices with satisfaction, that stamp-dampers are provided at the wickets of post-offices, where stamps are sold. Stamps sold, according to postal law, with the gummed side uppermost, are relatively clean. After the gummed side has been fingered or rubbed on the post-office counter, it should not be licked by the customer, but should be affixed by the aid of a stamp damper. However, that there is danger to health in the practice of licking stamps is more easily asserted than proved; inelegant and out of touch with hygiene it certainly is. By force of slavish habit, men get used to depositing unclean pipes in their mouths, and when a man buys a cigar, how does he know that it is not one the outside leaves of which were plastered down with the saliva of the cigarmaker? To most smokers the licking of a postage stamp may seem quite a trivial affair. Non-smokers, especially women, may not share this view, though occasionally a laundress holds a clothes pin in her mouth, when both hands are occupied.

Just by making people reflect, the presence of stamp-dampers in post-offices will bring about the better way of affixing stamps to mailed matter. Another plan for doing away with

this habit of licking stamps is proposed by Dr. Symons, in a recent number of the *Medical Officer.* He suggests, that the gum used on stamps might be mixed with some pungent substance, such as cayenne pepper or aloes. The Postmaster-General will certainly hesitate before adopting this last suggestion, though there can be no doubt that, if put into practice, the appealing power of the drugged stamp would soon bring about a general installation of stamp-dampers.

Perforation in Typhoid Fever

Perforation, which is the accident most to be dreaded in typhoid fever, almost invariably produces fatal peritonitis. It occurs more commonly in young males. In regard to frequency, Scott's statistics, embracing 9,713 cases from English, Canadian and American hospitals, give a mortality of 3.6 per cent. from perforation. According to Fitz, who tabulated 4,680 cases of typhoid fever, there is a mortality of 6.58 per cent. from perforation of the bowel.

Usually this accident is easily diagnosed, being announced by the sudden advent of acute pain in the abdomen, followed by the symptoms of collapse. In some cases, however, a practitioner may be thrown off his guard, as the pain may not be severe and there may be no collapse, although diffuse peritonitis following perforation may develop insidiously.

As illustrative of this fact, Professor McPhedran, during the course of a Wednesday afternoon clinic at the Toronto General Hospital, instanced a case of perforation occurring during typhoid fever, in which the only symptom observed, which might appear to have any relation to this lesion, was the sudden advent of slight pain in the hypogastric region. The pain was relieved with an anodyne, but death ensued. At the autopsy, a perforation of the ileum, large enough to admit a pencil, was found. In his opinion, localized pain in the abdomen, occurring suddenly, in the course of typhoid fever, with or without col-

lapse, spelled perforation and called for operative treatment. A patient was shown at the clinic, who had suffered from perforation, as the result of typhoid fever. An early diagnosis had been made, and an immediate operation done by Professor Cameron, with a satisfactory result.

Weekly Clinics at the Toronto General Hospital

Weekly clinics to the profession are given in the Medical Theatre, of the Toronto General Hospital, on Wednesday, of each week at 4 p.m., medical cases being presented at one clinic and surgical cases at the succeeding one. The city physicians are showing some interest in this new departure, the attendance at the last two clinics being fairly good. The Medical Theatre, which may be reached by passing through Ward 2, is well suited for clinics, being removed from street noises; it is also well lighted and comfortably seated.

At the clinic, after a case has been presented and the history read, the clinician dilates more or less on the salient points of its etiology, pathology, diagnosis or treatment. The clinic to the profession is an excellent method of conveying instructions to practitioners, removing their doubts and aiding them in getting a more exact and practical knowledge of the medicine and surgery of to-day. The finished outcome of the labors of physiologists, pathologists, therapeutists, may be expressed in a few sentences. It goes without saying, however, that the listener must aim to so equip himself with knowledge of the subject discussed that the gift of the clinician may not be in vain.

J. J. C.

Medical Inspection of Public Schools

We understand that there are some important changes on the tapis in connection with the Toronto system of medical inspection in the schools. It has been proposed that a medical head be chosen for the department, to have authority over the medical inspectors now in office. This seems to be advisable, and is a

move in the right direction. There is also a probability that the department will be, as it should, completely severed from all connection with the Public School Inspectors. This is certainly calculated to get matters working much more smoothly and remove the possibility of further friction. We claim that the stand taken by Dr. Helen MacMurchy regarding the School Inspectors having authority over the Medical Inspectors, is right. The Medical Inspectors should be entirely independent of the Public School Inspectors, and should be placed under either a medical head, or, as we urged in last month's issue, under the Medical Health Department.

We trust that immediately after the elections, a month hence, this matter will be settled, as there is undoubtedly a very bright future in Toronto for Medical School Inspection if operated as it should be.

Dr. Helen MacMurchy was recently appointed by the Ontario Government to represent Ontario at the first annual meeting for the Study and Prevention of Infant Mortality of the American Association, which took place at Johns Hopkins University on the 9th ult. We understand that the Ontario Government has under consideration important legislations dealing with the problem of weak-minded women and infant mortality. Dr. MacMurchy, at the instance of the Government, prepared an extensive report on the latter subject, which, it is understood, may be the basis for legislation. W. A. Y.

The Toronto General Hospital Weekly Clinics

The Board of Trustees of the Toronto General Hospital have decided to conduct a series of Wednesday Clinics during the current winter. The medical profession are cordially invited to attend them in the Medical Theatre every Wednesday afternoon at 3.30. The Clinics are conducted each week by a member of the medical or surgical staff. Interesting and rare cases are exhibited and commented on. On Wednesday, October 26th, the

Clinic was conducted by Dr. Alex. McPhedran. The following cases were presented: Herpes Zoster (two cases), Typhoid Fever with Perforation (operation and recovery), Gastric Ulcer with Secondary Anemia, Addison's Disease, Congenital Heart Disease, and Typhoid Fever with Meningismus.

The first of the November Clinics held during last month was conducted by Dr. Alex. Primrose on the afternoon of November 2nd. There were some remarkably interesting cases presented, including the following: Result of direct transfusion, with case and method of operation, tubercular epididymitis, syphilitic sarcocele, plating of fracture (two cases) with skiagraphs, cleft palate, with method and result of operation. Perhaps the most interesting one was the case of a young man, aged twenty years, who entered the hospital about two weeks previous. It was found that he had sustained ten days before a severe cut in the back of the left calf, about four inches above the ankle, and the posterior tibial nerve and artery had both been severed. The artery was ligated and the wound sewn up. When he entered the hospital there was very considerable oozing of blood from the wound, which had by that time become septic. A day or two later the patient had a severe hemorrhage, necessitating the use of the tourniquet. Later the posterior tibial artery was ligated above the middle of the calf and the cut ends of the posterior tibial nerve were sutured. Following this operation the wound discharged large quantities of pus daily. Six days later there was a small amount of bright red blood oozing from the wound, and the next night the patient had another severe hemorrhage, when it was found necessary to ligate the posterior tibial artery close to its origin from the popliteal. Following this the patient was in a bad state. The blood count showed white blood corpuscles 16,000; red blood corpuscles, 2,848,000; hemoglobin, 40%. Dr. Primrose and his consultants then decided to use direct transfusion. The donor of the blood was the patient's brother, the

blood being taken from the radial artery of the donor to the median cephalic vein of the patient. A 10% solution of cocaine was used as a local anesthetic. Transfusion was continued for fifteen minutes, when the donor felt a slight dizziness. There was during the transfusion no dilation of the right side of the patient's heart. Before transfusion the patient showed a blood count of red blood corpuscles, 3,040,000; hemoglobin, 38%; with a blood pressure of 118. Thirty minutes after transfusion the red blood corpuscles were the same as before transfusion; hemoglobin, 51%; blood pressure, 138. Subsequent to the operation the patient greatly improved. Three days subsequent to the operation the red blood corpuscles were 3,072,000 and hemoglobin 50%.

Another case exhibited was that of a man aged thirty years. The case was one of tubercular epididymitis. He had no history of syphilis and the patient had always been healthy. Two months ago he felt shooting pains in the left groin. The swelling commenced with considerable pain. The swelling and pain a little later on abated slightly. Examination showed the epididymis enlarged and hard, with an area of softening in its lower half. The epididymis was not tender, and the testis proper felt normal. On October 10th the left testis was removed. There was a considerable quantity of pus found in the epididymis, containing a large number of tubercle bacilli, the epididymis itself a section showing tubercular necrosis. Two weeks after the operation the lower end of the incision showed a slight discharge, though the general condition otherwise was quite satisfactory.

Dr. F. N. G. Starr exhibited some splendid X-ray plates of fracture plating. The plates were taken from a man of twenty-seven years, on whose leg on October 8th last a large packing case fell, breaking both tibia and fibula. Both bones were broken at the same level, with displacement of the upper fragments inward. On October 17th Dr. Starr cut down on the fracture and

the ends of the tibia were approximated and plated. After this was done an X-ray plate showed the broken ends of both tibia and fibula in splendid apposition. The plates used are small pieces of thin steel, containing from three to six eyes for the admission of small screw nails. The plate is applied to the surface of the bone and screwed into the upper and lower fragments, with a result that there is almost perfect apposition. Dr. Starr said that he would go so far as to say that he considered it almost criminal not to treat all cases of fracture, whether simple or compound, by plating. The results are better, and the patient is up and around at a considerably earlier date than if he were treated by the ordinary method.

The weekly clinic of November 9th was conducted by Drs. G. A. Bingham and Graham Chambers, when the following interesting cases were presented: Brain tumor, paraplegia, charcot joint, cases of headache from various causes with treatment, fracture pelvis, scleroderma, tuberculous shoulder, acromegalia, cellulitis of scalp, exophthalmic goitre, ventral hernia following parturition, epileptiform seizures of obscure origin, laceration thigh, fracture of clavicle, arthritis, syphilitic ulcers.

The Hospital authorities announce that there will be a Clinical Pathological Conference, conducted by Dr. O. R. Mabee, every Friday afternoon at 4.15 in the Pathological Theatre.

PERSONALS

We take pleasure in extending congratulations to Dr. Oswald Dinnick, now in London, on having successfully passed the primary examination for the Degree of Fellowship of the Royal College of Surgeons.

Dr. A. A. MacDonald entertained at dinner a number of the members of the Council of the Academy of Medicine on the evening of November 1st, Dr. Alfred Stengel being the guest of honor.

News of the Month

ONTARIO MEDICAL COUNCIL

THE following have been elected as territorial members of the Medical Council by acclamation. Those marked with a star were members of the last Council: Dr. G. R. Cruickshanks, Windsor, Division No. 1; Dr. A. B. Welford, Woodstock, Division No. 2; *Dr. J. McArthur, London, Division No. 3; *Dr. T. W. Vardon, Galt, Division No. 5; *Dr. H. S. Griffin, Hamilton, Division No. 7; *Dr. W. H. Merritt, St. Catharines, Division No. 8; *Dr. R. J. Gibson, Sault Ste. Marie, Division No. 9; Dr. Alex. D. Stewart, Fort William, Division No. 10; *Dr. J. S. Hart, Toronto, Division No. 12; *Dr. H. Bascom, Uxbridge, Division No. 13; Dr. T. W. G. Young, Peterborough, Division No. 14; *Dr. W. Spankie, Wolfe Island, Division No. 16; *Dr. J. Lane, Mallorytown, Division No. 17; *Dr. M. O. Klotz, Ottawa, Division No. 18.

Dr. C. W. Hoare, Walkerville, has been succeeded by Dr. G. R. Cruickshanks, Windsor, in No. 1 Division. Dr. J. H. Cormack, St. Thomas, has been succeeded by Dr. A. B. Welford, Woodstock, in No. 2 Division. Dr. Alex. D. Stewart is returned as the first representative of a new constituency, Division No. 10. Dr. S. C. Hillier, Bowmanville, has been succeeded by Dr. T. W. G. Young, Peterborough, in what is now known as Division No. 14. On December 5th, 1910, contests will take place in Divisions Nos. 4, 6, 11 and 15. In Division No. 4, the candidates are: Dr. J. A. Robertson, Stratford, the former member, and Dr. A. T. Emmerson, Goderich. In Division No. 6, the candidates are: Dr. J. Henry, Orangeville, the former member; Dr. Taylor, Waubaushene, and Dr. McCollum, Thornbury. In Division No. 11, the candidates are: Dr. E. E. King, Toronto, the former member, and Dr. J. J. Cassidy, Toronto. In Division No. 15, the candidates are: Dr. A. E. MacColl, Belleville, the former member, and Dr. T. S. Tarncomb, Trenton. J. J. C.

JOHN D. ROCKEFELLER'S LATEST GIFT OF NEARLY FOUR MILLIONS TO MEDICAL RESEARCH

John D. Rockefeller on October 17th celebrated the opening of the new hospital attached to the Rockefeller Institute for Medical Research in New York with an additional gift of $3,820,000. This benefaction increases the income-bearing endowment of the institution to $8,240,000. The occasion was further signalized by placing the institution's property absolutely in the hands of the trustees, establishing it in the future as an independent foundation. Its initial Board of Trustees comprise John D. Rockefeller, jr., Frederick T. Gates, William H. Welsh, Starr J. Murphy and Dr. Simon Flexner.

Mr. Rockefeller's first gift to the institution was made in 1901, when $200,000 was donated. The year following he gave $1,000,000 for the erection of a laboratory building, and later added $620,000 for its completion. Before the laboratory was finished Mr. Rockefeller gave it its first endowment of $2,600,000.

It is expected by the board that the work of scientific laboratory research, which, with even a generous endowment, has been necessarily more or less circumscribed, will now be extended to cover the entire medical field.

ACCIDENT TO AN ORILLIA PHYSICIAN

Dr. A. R. Harvie, of Orillia, Chief of the Red Tan Hunt Club, was mistaken for a deer by a guide, and shot through the left arm and forearm on Saturday, November 5th, in Longford Township, about forty miles from Orillia. The wounds, being made by a high-power rifle with an expanding bullet, are most serious. One of the bones of the forearm and the ulna artery were shot through. A Toronto surgeon, who is a member of the club, was at hand, and gave the needed assistance, afterwards placing the injured physician in a canoe and paddling him twelve miles through a chain of lakes to meet autos, sent out by Mr. J. B. Tudhope, M.P.P. Other members of the club cleared the trails and carried the canoe over the portages in the gentlest manner possible. An air bed and air pillow were placed in the canoe, and, owing in great part to the care taken, it is hoped by

those in attendance that the arm and the usefulness of the hand may be saved. He was brought to his home in Orillia. Dr. Arthur Ardagh walked fourteen miles by night through the bush to the nearest settler's, and then drove seventeen miles to Washago to reach a telephone, and Dr. W. C. Gilchrist, coming from an adjoining camp, gave valued help on the forty-seven mile trip out. Dr. Harvie's condition to-day is satisfactory. He showed splendid fortitude, having bound up his own arm when he was shot.—*The Globe.*

From Dr. N. A. Powell, who gave to a reporter the above item, we learn that good progress toward recovery is being made. There has been no constitutional disturbance or wound complication. The prospects now are that the usefulness of the hand will be but little impaired.

THE JACKSON HEALTH RESORT

We take pleasure in calling the attention of the readers of this journal to the Health Institution at Dansville, N.Y.—the Jackson Health Resort, as it is popularly known—established for fifty years. The improvements and enlargements from time to time have given it a position in the public mind, and a reputation second to none, for the good work it does for those who need thorough and judicious treatment for the cure of chronic ailments, but also in its position with reference to preventative hygiene. It takes particular pains to instruct and culture its clientele how not to be sick: so that its guests really get something permanent in the way of responsible consciousness, which helps them ever after in the way of life. We are glad to notice that recent additions to their equipment embrace the very best appliances for the administration of high frequency currents of electricity. The experience within the last year with reference to the value of this form of administering electricity has impelled them to enlarge their capacity for treatment, especially of arterio-sclerosis, for which they find this modality one of great value.

This has been a very popular season with the Resort, which has been crowded with guests taking treatment and resting. The climate and internal environment in which the institution is

situated, and with which it surrounds its guests, makes it a most desirable place for fall and winter treatment.

The Academy of Medicine.—The second stated meeting of the Academy of Medicine for the current winter was held in the Biological Building on Tuesday, November first. The President, Dr. A. A. MacDonald occupied the chair, and the meeting was well attended. The guest of the evening was Dr. Alfred Stengel, who is Professor of Clinical Medicine in the University of Pennsylvania, Philadelphia. Dr. Stengel delivered a splendid address entitled "Cardiac Insufficiency: Factors in its Development, Prophylaxis and Management."

A Desirable Suite of Apartments.—We beg to call the attention of our readers to an advertisement, appearing on page xxvii of this issue, of an exceedingly desirable suite of apartments, particularly suitable for a medical man, and now for rent, at 64 Bloor Street West, Toronto. The suite, as it will be noticed from the advertisement, is on the ground floor and consists of a consulting room, combination bedroom and sitting room and private bathroom. The location is an ideal one, and the suite should be promptly rented by any young physician looking for suitable accommodation.

The Toronto Hospital for Incurables.—An important milestone in the history of the Toronto Hospital for Incurables was passed at its annual meeting on Wednesday, October 26th. It was the opening of the new wing, named after the President of the Board, Mr. Ambrose Kent, to whose personal efforts, to a very large extent, is due the success of the forward movement which culminated in this addition to the accommodation of the hospital. The ceremony was a very simple one. After the close of the annual meeting, Mrs. Kent, with Sir Mortimer Clark, led those present to the door of the new wing, and opening the door, declared it open. The building, which fronts on Dunn Avenue, is a handsome and spacious fire-proof structure, providing room for one hundred and eight beds, thereby almost doubling the capacity of the hospital. The occasion was also marked by the presentation of a beautifully illuminated address to Mr. Kent, who has for many years given so generously of his time, his ability and his means to the work of the institution.

Selected Articles

THE USES OF PERHYDROL

By Staff-Surgeon Major Seitz, M.D., Ph.D., Munich.

Hydrogen peroxide (H_2O_2) was employed in surgery before the days of antisepsis. It fell into disuse because of its unreliability, its instability, and its acid impurities, which caused irritative action. Of late years, however, a perfectly pure form of H_2O_2 has been prepared, and this has received the commercial name of Perhydrol. It is a clear, transparent liquid, containing 30 per cent. by weight (= 100 per cent. by volume) of H_2O_2 in aqueous solution.

The therapeutic actions of H_2O_2 consist of disinfection, hemostasis and deodorization.

To begin with general surgery. It may be used for irrigating, for moist bandages, compresses and topical applications, for gangrenous or ulcerative states of the skin, etc. A gangrenous area should be irrigated with a 3 per cent. solution, bandaged with a moist dressing of Perhydrol of the same strength. The bandage should be removed two or three times daily owing to the loss of oxygen. Ulcers may be treated with compresses soaked in a 3 per cent. solution of Perhydrol. They should be kept on for a quarter of an hour, twice daily, and then dressed with boric solution. This treatment cleanses the diseased surface very rapidly and healthy granulations spring up.

The deodorizing action of this substance is best recognized by using it in 3 per cent. solution in cases of advanced cancer, empyemata, gangrenous and foul ulcers. To hasten the separation of sloughs or the core of an abscess wet compresses of a 1 per cent. solution are useful.

Perhydrol also possesses its applications to special branches of surgery, as the following details will indicate: In rhinology, the syringing of the nares with a 3 to 5 per cent. solution is an effective means of loosening crusts and removing mucus.

The hemostatic action of Perhydrol is extremely useful in nasal operations such as the removal of polypi. The tampons

which are employed in the after-treatment to prevent the formation of adhesions should be soaked in Perhydrol for its antiseptic virtues.

Morbid conditions of the mouth are benefited by Perhydrol. These conditions include oral fetor, mercurial stomatitis, syphilitic ulceration, obstinate gummatous swellings, leucoplakia.

In otological work, one may begin by instillations of 1 per cent. solution, gradually increasing to 10 or 15 per cent. as tolerance is established, in the after treatment of chronic otitis. A 3 per cent. solution is an excellent means of softening hard plugs of wax.

In diseases of the eye, a 3 per cent. solution may be used as a lotion. The development of oxygen effects a cleansing action, which is not equalled by any other method. This applies equally to cases of traumatic keratitis, and serpiginous ulceration, and to a less extent to tubercular ulceration.

In regard to diseases of the genitals, soft chancres, even when gangrenous, may be touched two or three times daily with a 30 per cent. solution of Perhydrol, in the same way as carbolic acid is employed. They should then be dusted over with Dermatol. In three days healthy red granulations appear. Indolent suppurating buboes should be treated in the same manner as ulcers, to which reference has already been made. Another excellent method of dealing with soft chancres is to cleanse them with 3 per cent. boric solution, then cauterize them with sulphate of copper and apply three times daily a 3 per cent. solution of Perhydrol in glycerine. Later on it is sufficient to wash the sore with 1 in 100 to 1 in 300 Perhydrol solution to which some nitrate of silver is added.

In the practice of gynecology it will be found that a 3 per cent. solution injected with a Braun's syringe or applied on pledgets of cotton wool, controls uterine hemorrhage. In membranous endometritis the uterus should first be wiped over with a 3 per cent. solution, and then a tampon containing a 2 per cent. solution be inserted.

Perhydrol may be used in follicular tonsillitis or diphtheria. It may be applied pure, or sprayed on in solutions of 1½ to 3 per cent., to assist the disappearance of the exudation.—*Abstract from "Folia Therapeutica," October,* 1907.

PLATES AND FILTERS FOR WORKERS IN SCIENTIFIC PHOTOGRAPHY

The difficulty in the reproduction of color differentiation has been from time to time made the subject of sundry papers by different authors, notably by Hubbard (*Jour. Bost. Soc. Med. Sci.*, Vol. III. 2), and later by Richardson, Mees and other photographic workers.

In Hubbard's paper he definitely states the laws underlying the correct practice for the obtention of increased photographic color contrasts—laws which are well known to all students of color, viz.:

"1. To increase the photographic intensity of a color, a screen of complementary color should be used.

2. To decrease the photographic intensity of a color a screen of the same color should be used."

The production of color screens of complementary color to the stains in ordinary use by histologists and bacteriologists is essentially a matter spectroscopic, and concerns the physicist. Their use, however, covers the entire photographic field.

So far as the subject concerns pathological science there is no need to expatiate upon the difficulty experienced in the production of either micrographic or macrographic negatives which will render positive prints true to the object photographed. Such examples as combined stains of, say, eosin and methylene blue, haematoxylin and safranin, etc., ordinarily give results in which only one stain is recorded at the expense of the other.

Color filters for either accentuation or decrease of contrast are, however, now obtainable from the G. Cramer Dry Plate Company, who will furnish all necessary particulars upon request. The possession of a thoroughly equipped chemico-physical laboratory furnished with apparatus of extreme delicacy, allows of authoritative results.

In conjunction with these color-filters the production of a new dry plate whose sensitiveness extends to 7000 in the extreme red is an invaluable aid to the scientific worker. This plate (termed the "Spectrum") is the only plate manufactured either in the United States or Europe whose extreme red sensitiveness is ob-

tained in the course of manufacture, and not by subsequent bathing methods.

The Cramer X-ray plate needs no particular mention, as it is already too well and favorably known, and while we feel that it has reached a point where further improvement would only be evidenced by advances of small interval, yet special investigation results in the production of a developer formula particularly suited for this class of work, as follows:

A—Water	32	ounces
Hydrochinon	1½	ounces
Sodium sulphite (Cramer's dry)	1	ounce
Sulphuric acid	60	minims
B—Water	32	ounces
Sodium carbonate (Cramer's dry)	1	ounce
Potass. carb. (Cramer's dry)	3	ounces
Potass, bromide	120	grains
Sodium sulphite (Cramer's dry)	3	ounces

To develop take equal parts A and B.

Development time 8 to 10 minutes at a temperature of 70° Fahrenheit.

This formula has given unqualified satisfaction to authoritative workers in Roentgenology, its function being the differentiation of the softer tissue planes.

R. James Wallace,
Director Research Laboratory G. Cramer Dry Plate Co.

Obituary

DEATH OF DR. LUTON, ST. THOMAS

Dr. Leonard Luton, one of the most familiar figures among St. Thomas citizens, and for forty-two years one of its leading medical men, passed quietly away on Nov. 2nd, at the family residence, after a brief illness from gastritis.

In his death a most active and useful life was closed. Born in Yarmouth, February 5, 1835, he taught school in the township at the early age of fifteen, and almost constantly since has been closely identified with the public life of the county and city, in addition to attending to a large medical practice.

After teaching district school for six years he attended the New York Conference Seminary at Charlotteville, N.Y., and in 1858 entered the provincial normal school at Toronto. Returning to the ranks of the teaching profession, he was appointed superintendent of schools for East Elgin.

He graduated in medicine from Hahnemann Medical College in 1867 and the following year began his practice in St. Thomas, which he continued up to the time of his illness and death. He attained a high reputation among the medical fraternity, and was honored by them on several occasions by elevation to office in the Ontario Medical Council. He was a member of the Board of Examiners for the Ontario College of Physicians and Surgeons for the years 1885-6-7, and a member of the council itself since 1890, and president of the council in 1898.

In 1875 he was appointed physician and surgeon of the Elgin House of Industry, which position he held continuously to the time of his death. He was appointed a coroner of the county in 1895. He was also a member of the medical staff of the Amasa Wood Hospital and served several terms on the board of governors.

Besides his active services in the medical profession he took a keen interest in civic politics and was an Alderman for the years 1903-4-5. In 1896 he contested the Mayoralty, but a three-cornered fight resulted in defeat.

He was an active member of the Disciples Church on Railway Strect, and took an active part in the various activities of that denomination throughout the province. He was a member of the Board of Directors of the College of the Disciples, as well as a member of the faculty of that institution.

In politics Dr. Luton was a staunch Reformer. He was also identified with fraternal societies of the city, being a member of the A.O.U.W. and I.O.O.F.

WM. CANNIFF, M.D., M.R.C.S., ENG. 1830-1910

Dr. Canniff was born in Thurlow, Hastings, Ont., in 1830. He received his medical education at the Toronto School of Medicine and the University of New York (M.D. 1854). He was admitted a member of the Royal College of Surgeons, Eng., in 1855, and, subsequently, served in the British Army Medical Department towards the close of the Crimean War.

Returning to Canada he practised his profession at Belleville, Ont. Subsequently he succeeded Dr. Rolph as Dean of the Medical Faculty of Victoria University, and took up his residence at Toronto. He was appointed on the Staff of Toronto General Hospital in 1869. He was also Medical Health Officer of Toronto for several years. Dr. Canniff's literary work is conspicuous and well known. Besides important contributions to the lay and medical press, the separate works from his pen are: "A Manual of the Principles of Surgery, Based on Pathology, for Students (Philadelphia, 1866);" "A History of the Early Settlement of Upper Canada (Toronto, 1869;" "Canadian Nationality: Its Growth and Development (Toronto, 1875);" and "The Medical Profession in Upper Canada: An Historical Narrative, Including Some Brief Biographies (Toronto, 1894)."

In professional life Dr. Canniff made an excellent impression on his confreres, as he united sound judgment to considerable operative skill. Among his literary works, "A History of the Settlement of Upper Canada," is considered to be of great interest and value at the present time. J. J. C.

DOCTOR "BOBBY'S" DILEMMA*

BY GORDON MUIR.

A Story of Perplexity, Investigation and Realization.

Bobby Patterson—pardon, Robert Patterson, M.D., now—called on me in great perplexity. Bobby has always consulted me when in trouble, ever since he and I fought it out on the campus in the dear old days, when I went down to ignominious defeat. Bobby was shortly getting married, and a suitable bridal present was the perplexity. "How would a nice, pretty flying-machine do?" I queried, brightly. "You could try it out first, you know—and your fiancée looks well in black," I added, absent-mindedly. Bobby flicked his cigar impatiently. "Well, then, give her a nice ring, a brooch, a bracelet, anything of that sort," I opined, hopefully. "She could stock a small jewellery store to-morrow," snorted my M. D. "Why not give her a Player-piano?" I suggested. "Thought of that," quoth Bobby, gloomily. "I have tried several, and whereas they certainly give results—they don't give results that please me. Seems to me that one has got to be an expert to get human, instead of merely mechanical, effects. I have heard there was a perfect, sensitive, human-like Player, but it must be that they have to be brought from Europe, or some foreign country." Bobby, it might be remarked, was of musical temperament, but his music finished there; he could not play a note. "Bobby, Bobby," I groaned, "here are you, a leading Toronto physician, born in Muddy York, and yet you know not that the pioneers of self-playing instruments are even now under your optic. Know ye not, my unsophisticated youth, that right here in Toronto you will find the panacea for your ills? Why, Bobby," I continued, warming to the subject, "accompany me now down town, and visit an old haunt of mine, where we will witness all the transitionary stages from the self-playing organ of fifteen years ago, to the perfect Player-piano of to-day."

We went, and there, surrounded by a delightfully musical atmosphere, I modestly expatiated, whilst Bobby imbibed wisdom. First of all our interest was directed to the "Bell-olian," or self-playing organ of fifteen years ago, operated with music-rolls exactly as is the Player-piano of to-day. It was striking from the fact that the principles followed in the Player-pianos of to-day were fully anticipated in its construction. Here were the rows of little pneumatics and tier after tier of valves and air ducts, just as you see them in the modern

* Publisher's Department.

instrument. Then the Cabinet Piano-player took our eye, and marked a further stage in the evolution. Now relegated to the antique, it bore mute testimony to the genius which inspired its builders to struggle still onward towards perfection. And then we looked at perfection itself—in all the glory of its artistic lines and graceful appearance, reflecting the electric lights from its magnificent mahogany casement. Bobby forgot all about me, and hastily scanned the rack of music-rolls, finally selecting the Overture to the opera "Tannhauser," which, had the composer written nothing else, would have alone immortalized him. He adjusted it to the music spool-box, took the sensitive tempo lever between index and second fingers of his right hand, and commenced to pedal gently.

Then Bobby became as one inspired.

As the stately strains of that song of patience and hope—the Pilgrims' Chorus—gradually died away, they gave place to wild, dishevelled music, depicting the revels in the home of Venus. Then came Tannhauser's bold song in praise of the Goddess of Love, her fascinating song to the Knight, and then a return to revelry still wilder than before. As this subsided the Pilgrims' Song returned, and, growing ever and ever more powerful and triumphant, finally proclaimed the heavenly message of deliverance in majestic climax. The noble theme, thundered out by the bass with the emphasis of a Divine Command, the feverish, passionate insistence and ever-growing excitement of the treble, combined to produce an effect of such sustained grandeur, that it seemed almost impossible that human ingenuity could have conceived an instrument capable of such interpretation of the mighty masterpiece, in the hands of one whose sole musical ability was a natural love of music.

When the last triumphant chords had ceased, neither of us spoke. We felt the awe of the dead composer upon us.

And then I said, "Well, my friend, did I tell you truly? Have you at last found a perfect and human Player-piano or is the Bell-Autonola another disappointment?"

Bobby has temperament—I said so. He also possesses enthusiasm and a reputation for veracity. He pumped my arm vigorously, and finally ceased his word-picture of worship at the Autonola shrine, through lack of further superlatives.

We spent further considerable time whilst Bobby, the Novice, proved by his numerous selections from grave to gay, from ragtime to grand opera, that he had nothing to learn from Paderewski.

A Coroner's inquest was delayed for nearly an hour whilst Bobby was giving entirely unnecessary instructions regarding

immediate delivery of the instrument to the new home, and by a laudable effort to deplete the rack of most of its choicest music-rolls. "And remember," said Bobby to me at parting, "remember that it is the wonderful simplicity and ease in operation that make it so perfect. Why, old friend, it seemed to be a part of my very soul—it responded to my unuttered thoughts."

"True," I replied, "true, and don't you see the reason, Bobby? The people who make it have been studying and manufacturing pneumatics for nearly fifty years, and naturally have experience to guide them. No other maker has this, and it is experience that counts, Bobby, and the makers of the Autonola reached the stage years ago at which other makers are only arriving now. Good-bye." It would be a revelation to drop in at Bobby's new home now, when he is having what he calls "one of his musical evenings"—only two people are there—first, one would be the musician and the other the audience—then they would change places and Bobby would be the audience.

THE GRAPE AS A FOOD*

It has been established many years ago that the grape has certain food value, a food value considerably greater than that of any other fruit. There have been a number of tabulations showing the percentage of nutrition in food substances, and it has been shown that the grape stands fourteenth on a list of thirty or more. The nutrient qualities of the grape are due to the large amount of sugar, gluten, mineral salts and fruit acids contained therein. Of course the most nutritious constituent of the grape is grape sugar, an ingredient that is very easily appropriated by the human system. Grape sugar requires a smaller amount of oxygen, produces less heat in the body and makes less demand upon the stomach than do most foods, the energy which sugar in general furnishes being more readily established by grape than by other sugars.

The attention of the medical profession is called to the grape juice as prepared by E. D. Smith of Winona, Ontario. Mr. Smith guarantees the profession that his grapes are the finest that can be grown and that in the preparation of his Grape Juice every possible precaution is taken regarding not only cleanliness, but that the Juice is not in any way fortified and thus rendered unfit for human consumption. Mr. Smith will appreciate it if medical practitioners, in ordering grape juice for their patients, will specify his particular brand.

* Publisher's Department.

R
11
C38
v.28 1910

The Canadian journal of medicine and surgery

Biological
& Medical
Serials

PLEASE DO NOT REMOVE
CARDS OR SLIPS FROM THIS POCKET

UNIVERSITY OF TORONTO LIBRARY

STORAGE